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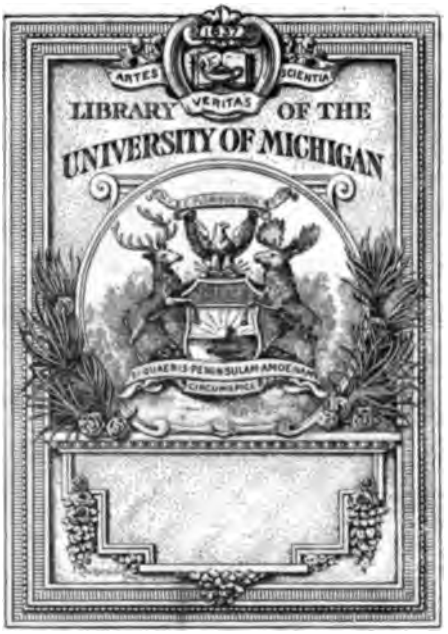
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H. W. PIERSON, M. D.,

EDITOR.

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INDEX.

Materia Medica and Therapeutics.

ALLEN, Arthur G. Acute Phlyctenular Conjunctivitis, with Comments, 303.
Agaricus Muscarius. Horace P. Holmes, 357.
Asthma, John C. Morgan, 230.
Acid, Nitric, J. T. Kent, 1.
Augur, Geo. J.. Dysmennorrhœa, 236.

BAYLIES, B. L. B., When Should the Remedy be Changed? 173.
Belladonna Plaster, Poisoning by a, E. E. Maddox, 15.
Benson, John, The Study of Materia Medica, 87.
Butler, Clarence Willard, The Repetition of the Dose, 161.
Bryonia Alba. J. A. Wakeman, 174.

CALCARIA FLOURICA, Proving of, S. N. Smith, 13.
Calcarea Phos. and his Near Relations. L. C. McElwee, 361.
Chamomilla. J. T. Kent, 351.
Carbolic Acid, Proving of, 237.
Cases Gonorrhœa. J. Foster, 306.
Conjunctivitis, Acute Phlyctenular, with Comments. Arthur G. Allen, 303.
Cowperthwaite, A. C., Relation of the Homœopathic Materia Medica to Philosophy, 81.

DAY, L. A. L., Aconite in Diseases of the Eye, Ear, Nose and Throat, 225.
Dose, the Repetition of the, Clarence Willard Butler, 161.
Drugs and Drug Provings, Thos, J. Gray, 94.
Dysmenorrhœa. Geo. J. Augur, 236.

EARACHE in Children, Diagnosis of Therapeutics of, John C. Morgan, 91.
Eye, Ear, Nose and Throat, Aconite in Diseases of, L. A. L. Day, 225.

FEELING, That Tired. Frank Kraft, 293.
Fever, Intermittent. J. A. Whitman, 235.
Foster, J. Gonorrhœa Cases, 306.

GRAY, THOS. J., Drugs and Drug Provings, 94.
Gladwin, F. E. Notes from Clinic of Philadelphia Post Graduate School, 335, 365.

HALE, GEO. P. Sanguinara Nitrite, 93.
Holmes Horace P. Agaricus Muscarius, 357
Holcombe, A. W. Repertory of Symptoms begining with "Sensations as If," 103, 179, 241, 319, 367.
Holcombe, A. W. Illustrating Antidotal Treatment, 309.

KALI MURIATICUM, Proving of, S. N. Smith, 10.
Kent. J. T., Nitric Acid, 1.
Kent, J. T., Opium, 287.
Kent, J. T. Chamomilla, 351.
Kraft Frank. That Tired Feeling, 293.

LOCKWOOD, F. H. Nerve Irritation of a Stump Cured by Internal Remedy.

MADDOX, E. E. Poisoning by a Belladonna Plaster, 15.
Materia Medica, The Study of, John Benson, 87.
Milk, Condensed, Observer, 102.
Morgan, John C. Asthma, 230.
Morgan John C. Diagnosis of Therapeutics and Earache in Children, 91.
Morrow, H. C. Pyrogen, 233.
McElwee, L. C. Calcarea Phos. and His Near Relations, 361.

NOTES from Clinic of Philadelphia Post-Graduate School. F. E. Gladwin, 365.

OBSERVER. Condensed Milk, 103.
Obstetrics, 234.
Opium, J. T. Kent, 287.

PRACTICE, Homœopathic, A. Mills Fowler, 312.
Pyrogen, H. C. Morrow, 233.

SANGUINARA NITRITE. Geo. P. Hale, 93.
Smith, S. N. Proving of Kali Muriaticum, 10.
Smith, S. N., Proving of Calcaria Flourica, 13.
Symptoms, Repertory of, Beginning with "Sensations as If," A. W. Holcombe, 103, 179, 241, 319, 367.

TREATMENT, Illustrating Antidotal, A. W. Holcombe, 309, 317.

WAKEMAN, J. A. Bryonia Alba, 174.
What Should be Given Her? 239.
When Should the Remedy be Changed? B, L'B. Baylies, 173.
Whitman, J. A. Intermittent Fever, 235.

The Clinic.

BERRIDGE, E. W. Hahnemannian Cures, 36.
Boger, C. M. Clinical Cases, 35.

CASES, Clinical, C. M. Boger, 35.
" J. C. Morgan, 49.
" Three, B. R. Johnson, 47.
Chapman, S. E. The Comparative Value of Symptoms, 62.
Colocynth—Clinical Verification. H. F. Smiley, 138.
Cures, Hahnemannian. E. W. Berridge, 36.

DIPHTHERIA—The Membrane is Not the Disease C. B. Gilbert, 46.
Diphtheria—Kali Bichromium. J. R. Haynes, 139.

ECZEMA Cured. D S. Kistler, 65.

GILBERT, C. B. Diphtheria—The Membrane is Not the Disease, 46.
Gladwin, F. E. Notes from Clinic of the Philadelphia Post Graduate School 335, 365.

HAYNES, J. R. Diphtheria.—Kali Bichromium, 139.
Hooker, Frederick. Was It a Mark? 135.

JOHNSTON, B. R. Three Clinical Cases, 47.

KISTLER, D. S. Eczema Cured, 65.

LEONARD, H. K. Cases from Practice, 51.

MALARIA—Natrum Muriaticum. C. J. Waggoner, 142.
Mark? Was It a, Frederick Hooker, 135.
McNeil, A. Scabies, 44.
Medicine, Clinical. 133.
Morgan, J. C. Clinical Cases, 49.

NOE, E. T. Tack, 40.

PARESIS Cured by Lycopodium. T. Skinner, 42.
Philadelphia Post Graduate School, Notes from the Clinic of the. F. E. Gladwin, 335, 365.
Polypi, Nasal. J. A. Wakeman, 66.
Practice, Cases from. W. K. Leonard, 51.
" " W. Rowley, 137.

ROWLEY, W. Cases from Practice, 137.

SCABIES. A. McNeil, 44.
Skinner, T. Paresis Cured by Lycopodium, 42.
Smiley, H. F. Colocynth—Clinical Verification, 138.
Symptoms, The Comparative Value of, S. E. Chapman, 62.

WAGGONER, C. J. Malaria—Natrum Muriaticum, 142.
Wakeman, J. A. Nasal Polypi, 66.

Surgery.

APPENDICITIS: Another Failure. H. Crutcher, 27.
Arthrotomy in old Dislocating of the Shoulder Joints—Clinical. W. E. Green, 388.

CANCER, 33.
Constitutional, Decidely, 273.
Crutcher H. Appendicitis, 27.
" Surgery in the Homœopathic School, 119.
Crutcher Howard. The Treatment of Syphilis, 383.

FERRUM Phosphoricum. Frederica E. Gladwin, 391.
Foster, W. Davis. Varicocele; its Surgical Treatment, 386.

GLADWIN, Frederica E. Ferrum Phosphoricum, 391.
Green, W. E. Arthrotomy in old Dislocations of the Shoulder Joints, 388.

HIGBEE, CHESTER B. Comments on. Report of Orificial Surgery. Based on the Analyses of one thousand Cases, Read at the Homœopathic Medical Congress, 202.

POINTERS, Post Mortem, 129.

SURGERY in the Homœopathic School. Howard Crutcher, 119.
" Obstetrical. G. F. Washburne, 121.
" Orificial, Report of, Based on the Analyses of One Thousand Cases. Comments on. Read at the Homœopathic Medical Congress. Chester G. Higbee, 202.

Syphilis, The Treatment of. Howard Crutcher, 383.

VARICOCELE; its Surgical Treatment. W. Davis Foster, 386.

WASHBURNE, G. F., Obstetrical Surgery, 121.

Theory and Practice of Medicine.

DISEASES, Drug or Artificial, Treatment of, E. W. Sawyer, 195,

SAWYER, E. W. Treatment of Drug or Artificial Diseases, 195.

TEMPERAMENT, Vital, Lecture on the. J. A. Tomhagen, 19.
Tomhagen, J. A. Lecture on the Vital Temperament, 19.
Discussion, 24.

Editorial.

EDITORIALS, 68, 149, 207, 266, 396.

Miscellany.

ADDRESS of W. P. Cutler, 401.

CALIFORNIA, Wages of Women in, 154.
Commandments, Health, 220.
Cutler, W. P., Address of, 401.

DENHOLME, Dick. J. Keighley Snowden, xxl.

EXPERIMENT, A Remarkable, 152.

GILBERT, Chas. A. In the Matter of Variolin, 406.

HERING Medical College and Hospital in Chicago, 155.
Homœopathy, Capital "I" in. Frank B. Seitz, 284.

INVESTIGATION, Co-operative, 338.

JUBILEE, The Institute's, 153.

LADIES, Physical Culture for. Mrs. H. P. Rountree, 218.

OHIO Homœopathic Medical Society, 409.

PERSONALS, 74, 407.

ROUNTREE, Mrs. H. P. Physical Culture for Ladies, 218.

SEITZ, Frank B. Capital "I" in Homœopathy, 284.
Snowden, J. Keighley. Dick Denholme, 21.
Snow Shoeing, Russian, 206.
Societies, Medical. I. T. Talbot, 281,
" Ohio Homœopathic Medical, 409.

TALBOT, I. T. Medical Societies, 281.

VACCINATION, from Different Sources, Concensus of Opinion on the Value of, 210.

VARIOLIN, In the Matter of. Chas. A. Gilbert, 406.

Obituary.

DAYFOOT, HERBERT A., 407.

IN Memoriam. Samuel Swan, M. D., 71.

ROBERT, John C., 72.

WELLS, Lucian B., 286, 407.

Commencements and Reunions

BURNHAM, Pres't. Telford, Address of, at Second Annual Commencement, Hering College, 339.

COMMENCEMENTS and Reunions, 221.

HOMŒOPATHY, Mo. Institute of, 18th Annual Session, 343.
" American Institute, 349.

Reviews.

ALDRICH, THOS. B. Two Bites at a Cherry and Other Stories. Jany.
Anarchist, The. Richard Henry Savage. April.

BEARD, GEO. M. A Practical Treatise on Nervous Exhaustion. Jany.
Burr, C. B. A Primer of Psychology and Mental Diseases. April.

CENTURY, Feby. March.
" April. April.
Chambers, Julius. On a Margin. April.
Cholera, Therapeutics, of. P. C. Majumdar. Feby.
Clarke, John H. A Birdseye View of Hahnemann's Organon of Medicine. Feby.
Clarke, John H. Therapeutics of the Serpent Poisons. Feby.
Clifford, Mrs. W. K. Love Letters of A Worldly Woman. April.
Corning, J. Leonard. Headache and Neuralgia, including Spinal Irritation, and a Disquisition on Normal and Morbid Sleep. Feby.

DIAGNOSIS, Medical. A Clinical Text Book of. Oswald Vierordt, translated by Francis H. Stuart, M. D. Jany.

FLEURY, CHAS. ROBERT. Modern Household Medicine. A Guide to the Mode of Recognition and Treatment of Diseases and Emergencies Incidental to Daily Life. Feby.
Firebauge, Ellen M. The Physician's Wife, and the Things that Pertain to Her Life. Feby.
Forceps, How to Use the. Henry G. Landis. Jany.

GYNECHOLOGY, An American Text Book of. Jany.

HAHNEMANN'S Organon of Medicine, A Birdseye View of. John H. Clarke. Feby.
Hamilton, Allen McLane. A System of Legal Medicine, A Complete Work of Reference for Medical and Legal Practitioners. Feby.
Headache and Neuralgia, including Spinal Irritation and a Disquisition on Normal and Morbid Sleep. J. Leonard Corning. Feby.
Hektoen, Ludwig, Post Mortem Technique. Jany.
Homœopathic Medical Society of Pennsylvania. The Transactions of the 29th Session of the. March.

ILLINOIS State Medical Society, Transactions of the 43rd Annual Meeting of the. Jany.

JACKSON, Geo. Thomas. A Practical Treatise on the Diseases of the Hair and Scalp. Feby.
Jewett, Prof. Chas. Outlines of Obstetrics. Jany.
" Sarah Orne. A Native of Winby, and Other Tales. Jan.

KELSEY, Chas. B. Diseases of the Rectum and Anus. April.
Knerr, Chas. B., Edited by, Repertory of the Guiding Symptoms. Feby.

LANDIS, Henry G. How to Use the Forceps.
Latimer, Elizabeth Wormley, Russia and Turkey in the XIX Century. February.
Life, Hawaiian. Chas. Warren Stoddard. April.
Lippincott's, February. March.
Lippincott's, April.

MARGIN, On a. Julius Chambers. April.
Majumdar, P. C. Therapeutics of Cholera. February.
Medicine, a System of Legal, a Complete Work of Reference for Medical and Legal Practitioners. Allen McLane Hamilton. February.
Medicine, Essentials of the Practice of. Henry Morris. January.
" Modern Household, a Guide to the Mode of Recognition and the Rational Treatment of Diseases and the Emergencies Incidental to Daily Life. Chas. Robert Fleury. February.
Morris, Henry. Essentials of the Practice of Medicine. January.

NERVOUS Exhaustion, A Practical Treatise on. Geo. M. Beard. January.

OBSTETRICS, Outlines of. Prof. Chas. Jewett. January.

PEPPER, Wm., Edited by, a Text Book of the Theory and Practice of Medicine. April.
Post Mortem Technique. Ludwig Hektoen. January.
Psychology and Mental Diseases, a Primer of. C. B. Burr. April.

RECTUM and Anus, Diseases of the. Chas. B. Kelsey. April.
Russia and Turkey in the XIX Century. Elizabeth Wormley Latimer. February.

SAVAGE, Richard Henry. The Anarchist. April.
Serpent Poisons, Therapeutics of the. John H. Clarke. February.
Stoddard, Chas. Warren. Hawaiian Life. April.
Symptoms, Guiding, Repertory of the, Edited by Chas. B. Knerr. February.

THE English Humorists of the XVIII Century. Wm. Makepeace Thackeray. Jany.
Thackeray, Wm. Makepeace, The Englisn Humorists of the XVIII Century. Jan.
The Physician's Wife, and the Things that Pertain to Her Life, Ellen M. Firebaugh. Feby.
Two Bites at a Cherry, and Other Stories. Thos. B. Aldrich. Jany.

VIERDORDT, Oswald. A Clinical Text Book of Medical Diagnosis. H. Stuart, Translator. Jany.

WINBY, A Native of, and Other Tales. Sarah Orne Jewett. Jan.
Woman, Love Letters of a Worldly. Mrs. W. K. Clifford. Jan.

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MATERIA MEDICA AND THERAPEUTICS

NITRIC ACID.

J. T. KENT, M. D., PHILADELPHIA, PA.

Some medicines make a subject too chilly and some make a subject too warm. Some are always shivering and some always suffering from heat, during the effect of a proving. The natural features of the body are observed by which to generalize. If a remedy does not produce the changes whereby an individual is affected by heat and cold, they must be generalized in some other way. Some produce constant chilliness, first from a chill, fever and sweat to a chronic condition of chilliness, a condition of the body wherein there is not heat enough, the patient wants to keep warm, wants plenty of clothing; such a remedy is Nitric Acid. The patient is generally chilly and susceptible to changes in the weather, especially damp weather. He soon loses his mental equilibrium; the least excitement disturbs mind and body; he is easily broken down from mental operations; a slight disturbance throws him out of balance mentally; what he was about to say goes into confusion; the effort to concentrate the mind causes instant confusion and his mind scatters.

Vanishing of thought on attempting to apply his mind to a subject.

The loss of a friend is so very shocking to a subject, somewhat like Ignatia. Worse from night-watching; here it is analagous to Cocculus, which has complaints from long night-watching. Confusion of the mind from night-watching (like Cocculus). Great loss of memory; inability to sustain a mental effort. Weakness of the muscles and body. A general nervous confusion.

The head has some peculiar symptoms associated with some rare and unique modalities not generally understood. The headache is as if compressed in a vise; if you could apply the jaws of a vise to fit over the head and compress it from

ear to ear you will have the sensation. The head feels as if it would be crushed. Nitric Acid is closely related to Syphilis; it has the bi-parietal head pains of the syphilitic miasm, the syphilitic neurosis. The headache is sometimes ameliorated by compression; better by a steady, even, gentle pressure; worse from the slightest jar or noise; the noise of a passing vehicle generally produces great exaggeration of the symptoms with throbbing as if the head would fly to pieces. Riding on a smooth county road, or the gliding motion of the street cars ameliorates these headaches. It is the noise that aggravates and the motion that ameliorates. There is another feature, whether of the head or spine. Lippe once called my attention to it. He said if he was walking along the street and saw a lot of tan-bark spread around before the house, he would immediately think of the Nitric Acid patient within the house. The noise in the street is very aggravating to the patient. This sensitiveness runs through Nitric Acid everywhere in the body. The head may be covered with an eruption and the scalp is so sore that the slightest pressure of the hand causes him to cry out, while in its early formation it was better by gentle steady pressure.

School girls have a headache that is worse from the pressure of the hat; noise aggravates the head, also jarring. The ulcerations and eruptions are extremely sore, also the inflamed parts. Abdomen sore to jar and pressure, and is distended. The soreness of the throat is extremely sensitive. Coupled with this sensitiveness is another group of symptoms, which I will call up: Stitching pains, sometimes cutting, sometimes described as if there were little sticks in the ulceration; the throat feels as if filled with little sticks; sensation as of a fish-bone in the throat or nose; ulcers in the nose, with a constant feeling as if sticks were in them; ulcers in the rectum, with a sensation of a stick in them; even a gonorrhœal discharge is attended with a sensation as if sticks were in the urethra (also think of Hepar and Arg-nitr). Arg-nitr., Alumina, Hepar and Natr-mur. have sensation of a stick in the throat. Nitric Acid, Hepar and Arg-nitr., with ulcers. Sensation of a stick in the vocal chords; hoarseness, loss of voice in singers. Nitric Acid is always better in a cold room as to its throat symptoms. Both Hepar and Nitric Acid are over-sensitive to pain; they feel these sticks; over-sensitive both

to pain and cold. Hepar is so sensitive to pain that she faints; this is quite common in women; think of Hepar first, other remedies follow that produce the extreme sensitiveness to pain. Where there are mucous membranes you will find catarrhal conditions in Nitric Acid, and it will produce ulcerations and burn almost like the actual cautery. It is wonderful to think how high potencies cure just such things. You cannot individualize by the ulcers themselves. Copious discharge from mucous membranes and from ulcerations everywhere, with the peculiar jagged-stick sensation. There is another feature of the discharge in the catarrhal conditions, and that is: bloody, watery, brownish leucorrhœa, bloody, brownish meat washings from the urethra and bowels; these are generally excoriating, and cause soreness of the parts. Now, in the ear we have the eustachian tube swollen and closed; the external meatus is ulcerated with a watery, offensive, excoriating discharge; deafness comes on if this goes on to any extent of time; deafness, hardness of hearing, or can hear better in a noise; can hear better when riding in the cars. (Graphites, also.) The rumbling ameliorates the deafness. We have some peculiar things like that, which no mortal can account for. Phosphorus has a peculiar deafness; while he can hear a noise very well, he cannot hear the articulation of the human voice well enough to understand what is said; he calls for the sentence to be repeated; it is said, "deafness, especially to the sounds of the human voice." I mention this only to illustrate a peculiar thing in deafness. Now, the nose furnishes us another locality for a great deal of trouble. (Some people are troubled with their noses, and others with their tongues.) Nitric Acid produces loss of the sense of smell; ulceration of the mucous membrane; the vomer, particularly, is attacked; ulcers, with the sensation as if sticks were in it; incrustations in the nose; bloody crusts are blown from the nose; they are painful when forming and when they adhere; if removed, bleeding follows, and the sensation of a stick remains; this goes from bad to worse, until portions of bone are blown from the nose with the discharge. This is sometimes found to have been produced by syphilis and where a great amount of mercury has been used. Nitric Acid is an antidote to mercury, and especially useful

for syphilis. It is closely allied to Hepar. Hepar, Mercury and Nitric Acid run as a trio; all have sensitiveness to cold, affections of bones, periosteum and mucous membranes, chilliness. Any remedy that corresponds to syphilis is an antisyphilitic.

Now in the throat we find this same catarrhal condition, tonsils enlarged, white patches extending to the mouth. Even in diphtheria, with bloody, watery discharge and sensation of sticks in throat and nose. In the mouth we have stiffness of the tongue, loss of taste, looseness of the teeth with receding gums, aphthous patches that are white, ulcers like raw beef and painful, with sticks in them. In the chest Nitric Acid will be a very useful remedy in catarrhal affections, with bloody, watery oozing. The cough is attended with gagging, retching and vomiting. Nitric Acid follows Calcarea. Where an individual has been for a considerable time on Calcarea, Nitric Acid may follow. Instead of running into Lycopodium after Calcarea, they sometimes call for Nitric Acid. Calcarea might have been the remedy in phthisis, and Nitric Acid follows well to complete the work. If it had been given in the beginning it would have caused destruction of lung tissue; it is a vicious remedy to begin with, like Sulphur and Stannum. Strange to say, it follows well almost all of the alkalies.

Now, if we progress, we will get into the bowels; here we find ulcerations, many painful troubles, stitching, tearing pains, great sensitiveness, extreme distention. Affections of the bladder, uterus and kidneys, the latter with dropsical conditions and albuminous urine. A grand red string symptom is, "The urine smells as strong as a horse's urine;" sometimes they say it is ammoniacal, but it is the hippuric acid smell.

In the early stages of Bright's disease, in the beginning, there is a good deal of burning when urinating, also tenesmus; often scanty, suppressed urine and it smells strong like that of the horse; a great deal of burning in the urethra and jagging as if sticks were in it when urinating. Little ulcers in the urethra that are sore and inflamed; sore spots along the urethra, and on pressure there is the sensation as of a stick; burning and smarting when the urine passes over these spots, causing sticking and jagging; on the outside, burning

smarting, phagedenic ulcers. Phagedenic ulcers on the labia-majora, with sticking and jagging and of large size, as well as Arsenic. Arsenicum has been the most frequently indicated remedy in phagedenic chancre. In spreading chancroid that smarts and burns, Nitric Acid will be indicated, but in that kind of ulceration it will be a dangerous remedy to use, because it will heal up the chancre, and eruptions come out, and falling of the hair follows. You must let the chancre alone and prescribe for the patient. Under the present kind of teaching the individual thinks the chancre ought to be healed up. If the remedy is acting well, the chancre begins to discharge and discharges copiously, then I know I have saved him from falling of the hair, sore throat and nightly distress. Nitric Acid has the ulcers in the throat, ears and genitals.

I forgot to mention its peculiar action upon tubular organs, as the œsophagus, vagina and rectum, but especially on some of the sphincters. There is a tendency to produce thickening of the cellular tissue of the mucous membrane and the tissue immediately beneath them. Stricture of the œsophagus with difficult swallowing, and finally death from inanition. Wherever it has produced inflammation its characteristic ulcerations are present; infiltration and constriction of the vagina, also of the rectum, with copiously bleeding hemorrhoids and thickening of the mucous membrane, constriction and finally stricture and ulceration with the sensation of a stick, attended with profuse, frequent bleeding.

Such things are in keeping with Nitric Acid. For acute inflammation of the œsophagus, with a great deal of pain, soreness, smarting and sticking, from the pharynx to the œsophagus, attended with so much swelling that the throat seems to close up. Rhus tox. also produces it and is one of the common remedies. Quite a number of remedies have produced that state.

We notice in some constitutions, a chloritic condition, called "green sickness" which comes on at puberty, with a scanty menstruation and a flow that is thin, pale and watery; if this is attended with a bloody, watery leucorrhœa, it is all the more like Nitric Acid. These girls have a craving for chalk, dirt, lime and starchy things, substances that grit in the mouth

like slate pencils. Such cravings belong to a very depressed state. Nitric Acid produces such a state as that and it is one of the medicines for such conditions.

Longing for fat, herring, chalk, lime and earth. Longing for herring is in keeping with its longing for pungent things, like Hepar. It is a very peculiar kind of appetite that belongs to the chlorotic state. Like Natrum mur. and Lyc. and Puls. it has aversion to bread. Lyc. has aversion to rye bread.

Nitric Acid longs for meat and strong things, also starchy food. It is a peculiar thing that in the crude state Nitric Acid produces ulceration with the same depraved state, which in the sick is cured by high potencies of it. It does not lose its identity; what it does instantaneously, chemically, it does after a long time dynamically. What is true of the external is also true of the internal. You notice that when acid in the stomach becomes mixed with milk, it is likely to end in sour vomiting. We get this depraved condition even in the provings of the one-thousandth potency, where the patient cannot digest milk. You mix milk with any of the acids and get a chemical change which sours the milk and you are not surprised, but in the proving of a high potency the milk sours in the stomach.

There are some peculiar things that run through remedies as to their colors. Kali-bichro. has a yellow color, and when applied in a strong solution, it will cause the mucous membrane to be covered with yellowish, ropy mucous, and the membrane itself ulcerate, but you get this state of yellowish green in the high potencies, the same kind of color. Hydrastis will produce a yellowish green tint and when I used it in olden times I have seen this produced on mucous surfaces; Hydrastis produces this in high potencies, that is, the individual gets into such a state of the system that this same color of the discharge is produced as if the crude drug had been mixed with it. Is there any way that you can find that out? It is only a fact that can be observed.

There are a great many things that you have observed in chemistry; this will help you to fix them in your mind. It need not always be so, but I have been struck with the frequency of the occurrence of such things.

Nitric Acid produces some marked conditions of indigestion;

sour stomach and sour eructations; always a sense of weakness in the stomach; everything he puts into the stomach stays there a long time. Nitric Acid slows down, protracts the process of digestion. A large number of medicines have, the same condition. In the hypochondria we will see a group of symptoms. Inflammation of the liver with enormous enlargement; chronic inflammation of the liver; clay colored stools; pains in the region of the liver; urine scanty and strong smelling; stitches in the hepatic region; these are symptoms of congestion of the liver and here it vies with Bryonia, Sepia, Nux., Lach. and others. You will think of it in jaundice, when the pains of Nitric Acid are present. There may be depressed appetite or ulcers of the mucous membranes, which state finally takes on the congestion of the liver; the hepatic symptoms alone would not make you think of Nitric Acid; you might give Lachesis or Bryonia, but the general symptoms of Nitric Acid must be present in order to make you think of this drug. These are only general symptoms and of the lower grade of such. If a patient comes into your office and tells you these symptoms you would not think of Nitric Acid; but would write them down, several remedies would occur to you; if he declared that he had no other symptoms, you would be troubled, because there is nothing to individualize by; if you commence at the head and give him an examination, asking questions that he cannot answer by "yes" or "no," you will be able to see something. Say something like this: "You have said nothing about your nose or head," and so on! When you come to the bladder, he will say, "Well doctor, the urine smells very strong," now you have your key to the whole case; his urine smells like that of a horse.

The routine prescriber would have given Bryonia for the liver symptoms if he did not have the urinary troubles. Bryonia might be a very good generic remedy. Natrum-sulph. has these symptoms in a high degree. I bring this up only to show what remedies might be indicated.

This grand image that I have given you must lead you up to that kind of a patient; Nitric Acid would be your remedy in such a case.

There is another tendency of Nitric Acid, and that is to produce croupous exudations from mucous surfaces, as in the

throat. A false membrane forms, which is thick and leathery; false membrane is thrown off from the rectum, in dysentery and in connection with piles; it is stringy, leathery, ashy, like fibrous tissue or looks like gristle; this is blown out from the nose, and sometimes forms upon ulcers, as in diphtheretic inflammation. It is not always due to the zymotic condition of diphtheria, but an analagous state. It is more like the croupous membrane that is thrown off in pseudo-membranous croup. It is a cartilaginous substance, hard and tough. This is a peculiar effect of Nitric Acid. Sero-croupous discharges as are found in dysentery, with much straining, burning in the rectum and anus, with the bloody, watery flow; this is the Nitric Acid appearance of the stools. The rectum feels full, in the constipation; it has the sensation of sticks; but Aesculus, where it is a hemorrhoidal condition, more particularly when the anus feels as if filled up with sticks; the prover said that which was expressive, "He felt as if there was a crow's nest in the anus."

Piles are as large as a fist in Aesculus, and sticking and jagging as if the anus were full of sticks; analogous to Nitric Acid. Weight and distention, sensation of fulness and dragging down; seems as if some fæces remained in the rectum; a great amount of oozing from the rectum, of bloody, watery nature. I always think of Nitric Acid with a good deal of hemorrhoidal oozing from the rectum. Very often Calcarea has been given in the hemorrhoidal condition, and it cures when the oozing has the smell of fish-brine; Calcarea has that as a strong characteristic; it may have done away with that oozing, and you will see Nitric Acid coming in. There is another feature of Nitric Acid, and that is dropsy of the prepuce in connection with gonorrhœa; the prepuce is distended like a water-bag, sometimes causing paraphimosis. These symptoms are troublesome; it becomes enormous in proportion, at least the swelling does, and Nitric Acid is commonly the remedy. Cannabis-sat. has it. If Cannabis is repeated, as some of the books tell you to do, it will nearly always produce that peculiar formation upon the foreskin, and it will generally subside on stopping the remedy, but a single dose, very high, will give much more satisfaction. I sometimes have to resort to Fluoric Acid for relief of the

inflammation of the foreskin; it has dropsy of the prepuce. Nitric Acid has paralysis of the bladder. Wetting the bed, in children, children with strong-smelling urine, of the peculiar odor; the sheets smell like horse's urine. Where it is intensely urinous, Benzoic Acid leads. There is another feature in connection with both male and female genitals; figwarts, of the sycotic character; raw, sore, smarting, and sticking. Fig warts and polypoid growths sometimes around the anus and glans-penis and labia-majora; also in the ears and nose, and jutting out around about the mouth and under the wings of the nose, which are tender and raw. We see another correspondence in that it has been the great medicine to burn off these little excrescences, but if given in a high potency it will cure them. Nitric Acid also has warty formations on the hands.

Leucorrhœa is ropy, sometimes of green mucous, or flesh, color, looking like washings of meat. Leucorrhœa, clear, acrid, flowing down the legs.

After mercurialization. All that group brings the characteristics from the various regions of the body, they culminate in the group of symptoms. These polypoid or warty formations sometimes appear upon the larynx, making it impossible to speak a loud word, and causing a great deal of difficulty in breathing. All of these are mere results of disease and of course the dynamic condition must agree to cure the troubles. These condylomatous growths cause the throat to swell up. I have cured these states with Arsenic. Thuya is sometimes the remedy to cure this condition in the larynx, also Arg. nitr. All of the effects, when the outgrowths of syphilis or gonorrhœa, might call for Nitric Acid. It is not frequently indicated in psora. A psoric condition calling for Sulphur and then Calcarea, all at once seems to yield to these two carefully selected remedies and you see a peculiar manifestation coming up, a secret miasm cropping out, which makes you behold the secret life of an individual who always stood before you as a good man. Lycopodium may be indicated after Calcarea, but Nitric Acid or Mercurius will come in if he has a taint in him. It may be a nasal catarrh, with a copious discharge; cold, damp feet; weak in the back, wants to lie down; head sweats, and on slightest

exertion he sweats all over; this is all Calcarea, and you administer it. At the end of the next six weeks the nasal discharge has disappeared, but only to change the site of its operation, as a gonorrhœal discharge has now come on; now you see, his nasal discharge was originally sycotic; when the discharge from the nose disappears the discharge from the urethra comes back, and we know that this is the natural course of events. Under such a state of affairs, you will find Nitric Acid a suitable remedy.

Nitric Acid will come up instead of Lycopodium after Calcarea. The rheumatism that affects the limbs and joints will have the general features. The sweat is copious and likely to be present in Nitric Acid cases.

Now, read and study the whole remedy and you will be able to apply the picture to the drug.

PROVING OF KALI MURIATICUM.

SARAH N. SMITH, M. D., NEW YORK.

New York, October 28. Begin the proving of Kali mur. 30, obtained of Messrs. Boericke & Tafel.

I began by taking the drug every two hours. In the afternoon felt chilly, with thermometer at 76° in my room.

Not conscious of any cold.

Sleepy when quiet.

Mouth dry and parched.

The appetite sharpened somewhat for dinner.

October 29. A sort of nausea from mucous in the throat.

Thirsty most of the time.

In the afternoon a lame, uncomfortable feeling in right hypochondrium.

A fullness that causes the clothes to feel too tight.

Sleepy as soon as quiet, especially if reading or writing.

It induces sleep both day and night.

In the evening thirsty, calling for small draughts of cold water (Ars.).

In the evening experienced all the symptoms of a stuffy cold in head; sneeze many times, nose obstructed so much that it annoyed me until I dropped to sleep. Did not entirely pass off during the night. No cold.

Oct. 30. Still an uncomfortable feeling in region of liver.

Soreness not < by pressure.

Thirsty.

Mouth dry and parched.

Tongue coated and feels as if scalded.

Food does not taste good; appetite disappointing.

Oct. 31. Feet so much swollen that I was obliged to remove my boots.

A burning and stinging most of the time.

Seemed dry and parched.

Corns pained and burned, made me feel cross and irritable.

The hands felt rough, dry and chapped.

Nov. 1. Nose sore with crusts on the left side.

The whole mucous membrane very dry and sore.

No desire for food.

Felt sick and lazy all day.

Stools and urine diminished in quantity.

Most of the time thus far a starchy, corroding leucorrhœa existed attended with much discomfort and weakness.

Nov. 2. Hoarse much of the time.

Weak and disinclined to make great effort of any kind.

Felt quite willing to take life easy.

Everyone noticed my hoarseness, when I was unconscious of it.

Nov. 3. Stopped the medicine but the conditions continued.

Dryness, thirst, with loss of appetite.

Nov. 5. In the evening I was attacked with violent sneezing, when sitting in my room, without the least exposure. Then followed the fluent coryza from nose and eyes, which passed off the next day while in the fresh air. The following day I was greatly exhausted even with very little effort.

Nov. 6. Called out of town; when I reached the end of my journey I found that I had all the symptoms of a catarrhal cold. Where or how obtained I knew not. I knew that I felt very ill, but as I was proving Kali mur., I thought best to stand the disturbance from whatever cause.

Nov. 7. Sick and miserable.

Weak and languid, without appetite.

Mouth dry and parched, with constant fever and thirst.

Great inclination to be quiet.

Too lazy, or too sick to do anything.

Nov. 8. Remained indoors most of the day; did very little but drink ice water which > all the symptoms. In the afternoon I was so hoarse that I could not speak aloud for several hours; hoarseness passed off while taking a walk in the open air (Pulsatilla); frequent sneezing through the night.

Nov. 9. Left for New York at 8 A. M.; thought I was quite well; reached New York at 12, and soon found that I was very weak and no appetite, with thirst, fever, etc., and unable to work. Same conditions obtained for two or three days, exhaustion and frequent sneezing.

Nov. 11. Little or no improvement; in fact, my improvement was backward.

On the following day made a few calls; but no desire for food.

Afternoon a very severe diarrhœa set in.

Stools frequent, painless and exhausting.

Watery, very offensive.

Light brown color.

Excoriating wherever it touched.

After some six hours it became involuntary; it continued undisturbed for twenty-four hours, when I decided that if this was still a treat from Kali mur., I had had quite enough of it, I took two powders of Phos. acid, 200, which soon relieved me of the trouble.

Nov. 13. Attended to office calls, with aid of a friend who volunteered to assist me. I did not, nor could I, sit up half of the day. I felt that life was not worth the living.

Nov. 14. It is now some ten days since I took the drug; conditions somewhat improved, but the mouth is still dry, tongue coated white, very little appetite and little or no strength; still hoarse; nose dry and sore.

Nov. 15. Still weak and willing to lie down most of the day; continual thirst and depression.

Nov. 16. Haven't eaten a square meal in two weeks; very little food serves me.

Nov. 17. Should like to supply the inner man today, but the mouth is still parched and dry, attended with much thirst.

Stools normal; still a weak, played-out feeling, with little power of resistance.

March 15, 1893. So much for the proving of Kali Mur. 30. The action of the drug was slow at first, but deep and powerful as the work proceeded. Several doctors have confirmed these symptoms, with the most satisfactory results. I have prescribed it for more than a half dozen, having similar symptoms; it never failed me in a single case. It is truly an effective curative remedy for la grippe.

I intended to prove the 200, but don't dare do it. I think the 30 has caused cirrhosis of liver. I have never entirely recovered from its effects.

My reason for feeling that it caused cirrhosis of liver is, that the region of liver is so much smaller than formerly; in fact my dressmaker says, "Doctor, what has happened to you? I shall need to pad under the right side to make it just like the left." It used to be fuller on the right, from malaria that I had some fifteen years since. My dresses are some two inches or more less around the waist than formerly. I speak of this as it is quite an important symptom if true, and I believe it to be so.

PROVING OF CALCAREA FLOURICA.

Prover No. 3, Oct., 1892.

Proving Calcarea Flourica 6x from Boericke & Tafel.

Oct. 8. Began in the forenoon. In the afternoon, mouth and throat began to feel dry and husky; during the afternoon felt quite chilly, with thermometer at 76 in my room.

Soon after retiring, I experienced a sharp pain in the carpal bones, extending to the index finger, which continued for some time and then passed off.

The remedy caused a mucous secretion, in the posterior nares, early in the proving.

Oct. 9. The appetite increased.

It inclines to constipation.

Calls to stool often, resulting in offensive flatus.

Urine diminished and high color and very offensive.

A dull weight with discomfort in the right hypochondrium, more or less, in all the proving; not quite a pain.

After retiring, experienced itching of scalp as well as parts of the body, > somewhat by scratching.

Oct. 10. I had a queer indescribable sensation in the head, a sort of creaking, straining and drawing. Could not bear to be upon my pillow, as it increased the sound or rather made it more audible. It reminded me of the squeaking of corn stock fiddles in my childhood days. It was very troublesome and hard to bear. This greatly disturbed sleep. I never before experienced anything like it.

Oct. 11. Soon after taking the medicine, the same dull feeling returned in the *right side* which I could not forget.

At 2 A. M., had a decided chill, in the side not lain on.

No heat or perspiration, it lasted a half hour or more.

Oct. 12. Chill came at 5 A. M., a long cold chill, similar to the first. Same trouble in the head.

Oct. 13. The trouble in the head < and so much annoyed me, that I discontinued the drug for several days. I couldn't endure it any longer.

The same disturbance continued after stopping the medicine; I couldn't forget it for a moment. Loose stool, of the nature of diarrhœa, continued for a day or more without any cause, save the medicine. All the stools were very *offensive*.

Urine offensive.

The drug is a great disturber of sleep.

Usual aggravation was from two to three A. M. The same conditions continued during the interval, as while taking the medicine.

Sleep was just as broken and unrefreshing; in fact the loss of sleep disqualified me for my daily duties; I did not get more than three or four hours sleep any night, so that I felt lazy and good for nothing.

Had no ambition for anything; it made me pale and haggard. Outsiders called me sick, and weren't much mistaken.

Oct. 15. Began to take the remedy again with same results as just given, rather < increased in severity; it made the skin rough and chapped.

Feet became tender.

Feet somewhat œdematous during the proving.

Skin dry and hard. The symptoms very similar to those

recorded but more severe during the second five days, then they were during the first five.

The appetite increased. The action seems to be deeper and stronger as the proving continues. It does not diminish when the drug is discontinued, but its effects remain for days and even weeks, especially the dryness of the mouth and throat. It was so dry and husky I seem to feel it now, although a year and more has passed.

I have confirmed this proving on the fingers and joints of a scrofulus patient whose finger joints were very much enlarged and very sore. I gave the 1000 Descheros and it reduced the joints somewhat and removed the soreness.

SARAH N. SMITH, M. D.

NEW YORK CITY.

A CASE OF POISONING BY A BELLADONNA PLASTER.

BY ERNEST E. MADDOX, M. D., EDINBURGH, FORMERLY SYME SURGICAL FELLOW, EDINBURGH UNIVERSITY.

Miss P., aged about thirty years, a music teacher, was sent me by her physician on account of obscure eye symptoms.

Her complaint was that on rising one morning she found a mist over her vision, and found that she could not read unless she held the book at a good distance. This was on Monday, but during the week the symptoms were ameliorated by taking a dose of Gregory's mixture. On Sunday, however, they began to return, and by Monday were as bad as ever. On Tuesday she came to consult me. She looked flushed, and her eyes had an unnatural brightness; the pupils were not larger than they often are in those who, like herself, have slight myopia.

What aroused my suspicions was that she was always moving her mouth around in want of saliva, and on inquiry she said that her mouth and throat were painfully dry. Her near point of vision was found to be not nearer than a half-meter, so that, as she had 0.75 D. of myopia, her range of accommodation was only 1.25 D., instead of being, as it should be at her age, 7 D.

Feeling sure that Belladonna must be accountable for the

symptoms, a searching inquiry was made as to the possibility of her having had it in some prescription or liniment, but all such possibility was denied.

At last she volunteered the information that she wore a plaster over the lower part of her back, unknown to her physician, and that it was possible that this might contain Belladonna. Inquiry into her other bodily symptoms placed it so beyond doubt that the suspicion would prove correct that she was simply ordered to remove the plaster and take a purge. This she did with the result that the symptoms rapidly disappeared, though even eighteen days afterward, when she called again, the near-point had not been quite recovered, and some of the nervous symptoms had not completely disappeared.

The symptoms which I carefully noted when she first came, were so well marked, and many of them were so characteristic that they are worth recording as a study of the physiological action of Belladonna. The dryness of the mouth and throat has already been alluded to; besides this her eyes felt dry and her skin also. Her pulse was 106, and the apex-beat of the heart very strong and diffused. This is well known to be due to paralysis of the cardio-inhibitory terminations of the vagu. On inquiring about her flushed face, she said she was naturally rather pale, adding: "I never have such a color as I have now." Her face felt hot. The eyes appeared smaller (was this due to paralysis of the unstriped muscular fibres of Müller?) and had a piercing look; to relieve their unpleasant dryness she had been obliged to bathe them with milk and water. She says her eyes seemed to have retreated more into their sockets; this is quite possible, for it is well known that Belladonna often relieves exopthalmic goitre, and it may do so by paralyzing the unstriped muscle behind the globe. It is not well, however, to attach too much importance to the observance of a patient on this point, for the mere dilation of the pupil may deceive him, and make him think the eye looks smaller or more deeply sunk. She had well marked accommodative micropsia, and complained spontaneously of it, saying: "A sixpence looks like a threepenny piece." Her color sensations had an abnormal permanency, so that

if she looked at anything red or blue, the next object she looked at appeared to be the same color. This is an interesting phenomenon because it is sometimes met with in individuals otherwise normal. I have met with one very well marked case of such abnormal persistency of color sensation. It appears to be one form of hyperæsthesia of the retina, unless, indeed, its seat be in the nervous centers. Closely allied to this are the mental hallucinations so characteristic of Belladonna. One night she called her sister's attention to a light shining in at the window, but her sister could see nothing. At other times she thought she saw dark objects. There was hyperæsthesia also of the other senses, so that any disagreeable odor appeared far worse than usual and noises were unbearable. This keenness of sensation perhaps accounted for the fact that she could not sleep well, but kept waking up every hour. Her natural "nervousness" had been greatly increased by the Belladonna; she had become "dull and desponding," life seeming miserable to her during the night; there was also a loss of self-confidence, and a feeling as if it were not safe to venture out into the streets alone; she became taciturn, and yet irritable with her pupils; could not remember the day of the week, thinking, for instance, on Wednesday that the day before was Sunday. She would cross the street rather than meet with her friends, from a sense of timidity. Her locomotor equilibration seemed affected, for on rising in the morning she felt giddy and disconcerted on putting her feet on the floor, feet and limbs not seeming to move as they used to; "less agility in movement," and, on walking, felt as if her foot needed putting down a second time. These symptoms are interesting as being distantly related to some of those in locomotor ataxia, being, however, functional instead of organic.

The bladder symptoms were almost pathognomic of Belladonna poisoning, and are of interest in connection with the undoubted service of this drug in the enuresis of children. She had frequent desire for micturition, having to rise three or four times at night and passing much more than usual, very pale, and occupying a long time in its evacuation by a thin stream, with complete intermissons as though micturi-

tion were over, then beginning again. This probably points to the muscular fibre of the "detrusor urinæ" being semi-paralyzed. The copious flow of pale urine reminding us of hysteria and those nervous headaches which are associated with the same hyperæsthesia of the senses, is no doubt nervous in its origin, unless, indeed, it be, as Dr. Haig would have us suppose, a question of the action of Belladonna on the vital chemistry of Uric Acid.

In conclusion, it may be said that the plaster was found to be made by one of those firms who pride themselves on the excellency of their Belladonna plasters, and who exhibit the results of tests to show how much more Belladonna they contain than the official plasters. The case recorded shows there is a limit to excellency of this kind, and that there is need for caution not to carry it too far.

[This proving of Belladonna is taken from the November number of the *American Journal of the Medical Sciences*, and is reproduced in the MEDICAL ADVANCE because the picture is so clearly and concisely drawn, and gives a very clear insight into the genius of this valuable remedy, and will be read by every close student of the Homœopathic Materia Medica with interest and profit.—ED.]

FORTUNE-TELLING.—She: "What is the science of palmistry I hear so much about?"

He: "The art of telling fortunes by the hand."

She: "Can you tell my fortune by my hand?"

He: "No, but if I had your hand I could tell my own fortune."—*The Wasp.*

MR. POTTER.—"Do you not think it is a man's highest duty to treat woman as though she were some rare and priceless bit of Sèvres?"

Miss May Jolliker—"Why, of course I do!"

Mr. Potter—"Then, dear, I have quite a lot of Sèvres; may I add you to my collection?"—*Puck.*

A LITTLE GIRL sat listening to her father as he read aloud from a newspaper the long string of deaths, including those of the Duke of Clarence and Cardinals Manning and Simeoni, and when he was through she quietly observed, "Papa, it must have been a great day in heaven."

THEORY AND PRACTICE OF MEDICINE

REPORT OF LECTURE ON THE VITAL TEMPERAMENT.

J. A. TOMHAGAN, M. D., CHICAGO.

The vital temperament depends upon the nutritive system, the motive, upon the bones, joints, muscles and tendons. The nutritive system is composed of the organs above the diaphragm, the heart and lungs; below the diaphragm, the whole chylopoietic system. Now, of course, you know the organs of circulation are above the diaphragm and those of absorption below. This temperament embraces the sanguine and lymphatic of the old classification. The vital temperament has in some cases a strong admixture of the bilious, giving bilious as well as sanguine vital. Of course, in the bilious we have the dark hair and eyes, and in the sanguine, the light hair and eyes. Dark skin in the bilious, and fair, ruddy complexion in the sanguine. So we have the bilious and sanguine vital, each having a complexity of phenomena peculiar to itself. I have said upon a former occasion, that the vital temperament is characteristic of childhood. Then as causes of this temperament we have childhood and heredity. A great deal of exercise out of doors has a tendency to develop the vital temperament. Climate that is not too warm nor too dry favors its development. Notice, the motive temperament is found in dry hilly regions, the vital in a climate not too dry nor too moist, and the excessive vital or lymphatic in moist regions. Agreeable employment or recreation encourage the growth of the vital. All watery vegetables and acids are to be excluded from diet where it is desirable to promote this vital element in the constitution. Some of you know people who drink vinegar to reduce their excessive vitality. The excessive use of acids tends to diminish this temperament. These become motive by reducing their vital temperament to bone and muscle, or I should rather say, that they present an appearance of the mechanical

temperament predominating. The vital temperament being thermal, warm, naturally calls for acid or cold things. You will find them longing for acids and craving pickles, while the motive call for chalk, lime, earth, fats, sweets. The vital longs for sour tomatoes, salads, pickles and otherlike vegetables.

A lady called upon me the other day who, to my surprise, said she wanted pickles all the time, but upon questioning her I found it was sweet pickles she wanted. She had the typical bilious, motive, mental temperament. When we come to speak of the complementary relations of remedial agents in conjunction with temperamental peculiarities, we will elaborate this subject more fully.

Political strife and antagonism develop the motive temperament, but the vital is developed by art, music, and an easy go as you please condition. The hate, jealousy, and vindictiveness of the motive have no place in the vital. You will seldom find those of this temperament feeling jealousy, hatred or envy. These sentiments are not natural to this temperament, though they are common to the motive, and especially the bilious motive.

In stature you will find the vital above medium height, and the length of limbs proportionately less than those of the motive. Chest is deep and full, abdomen well developed, limbs plump and tapering, and the hands and feet correspondingly small. If you see the hands you can describe all the rest of the body in this temperament, as you can in the mental or motive. The neck is short and thick, the shoulders well rounded. You will remember in the motive the great angularity of the whole body. The head and face like the rest of the system are also rounded. What is true of a part is true of the whole body. The expression of the face is lively, pleasant, open, even mirthful. The movements are naturally easy, graceful and dignified. The movements of both body and brain are always quicker than in the motive temperament. Of course, the character of the movements of the motive temperament being slow and measured, the intellectual functions partake of a similar nature. This organization tends to mirth. The cheeks flush readily, like Amyl

Nitrite. The vital temperament is noted for activity, acuteness of the senses and refinement.

This is the prevailing type in the Celtic nations, and also among all dark-skinned peoples; that is the bilious vital. It is especially characteristic of the Spaniards and negroes. The northern nations are usually light and the southern dark. I noticed at the Esquimaux village the other day that all the Laplanders had very dark hair and eyes, and I think it likely that they are a branch of one of the Indian tribes. The Norwegians and Russians are sanguine. It takes ages to bring about such a change as that seen in the Esquimaux, to correspond with the Russian.

The bilious vital is characterized by more endurance than the sanguine vital, and less agility than the latter. In the lymphatic temperament the absorbent system predominates over the circulatory, giving additional fullness with soft and round contour. In consequence of which the functions become more and more sluggish.

Now, then, you see why Capsicum, being a thermal agent and highly stimulating, is indicated in fat people of the lymphatic type. Flabbiness of flesh, great sloth, general heaviness of mind, and in fact slowness of all operations, whether physical or mental. Of course, if all physical operations are sluggish, the mind cannot be active. Benjamin Franklin was a characteristic example of the sanguine mental vital. In old age he became lymphatic, with the pendant cheeks. Amm. Carb. and Mur., Caps., Kali-c. and Cal. c. Asafœtida, Natr.-c. and Calad. are remedies that serve to arouse the vital forces in this lymphatic temperament.

The vital temperament should play a salient part in the temperamental make-up of woman, to enable her to withstand the trials of parturition, and to furnish the healthy nutrition essential to rearing her progeny. Chest deep, limbs (as already mentioned) plump and tapering. The limbs in the lymphatic, as is the whole body, are large and shapeless, while in the vital they are tapering, with small hands and feet.

In the sanguine we have complexion light, eyes blue, hair flaxon, brown or auburn. In the dark, we have the same

physical characteristics, except that there is more tenseness and hardness of contour. Aconite, Bryonia, Belladonna, do excellent work in those endowed with a rigid muscular fibre. In the bilious vital there is less fineness and delicacy. In both the sanguine and the bilious vital the figure is full and rotund. Individuals endowed with this temperament are less tough than those of the motive temperament. The motive temperament giving tenseness, endurance and firmness. The sanguine has a love for exercise and open air. There is a remedy that will occur to all of you, having this penchant. They must be continually doing something to work off the ever accumulating stock of vitality. Impulsiveness, ardor and intenseness characterize this temperament. There is but one remedy mentioned in Lippe for impulsiveness (Cicuta Virosa), Aconite, Belladonna, Gloin, may all have it. These subjects are characterized by elasticity rather than firmness. They possess more diligence than perseverance, and are ready of perception, make rapid deductions, have a lively imagination, vivacity of expression; hence you will find some of our greatest orators are of the vital temperament. Ingersoll, Beecher, and Spurgeon of London, had a strong infusion of the vital element; also an eminent minister of India (whom I heard at the World's Congress of Religions not long ago), and who is one of the most eloquent and philosophical orators of the day. In these men the sanguine predominates, with the vital and mental greatly developed.

In the motive there is great persistence—that is, what they set their minds to, they will persist in for some time, while the vital is readily changed. The motive will read a paper, and some one coming in unnoticed, they continue to read. It takes some time to get their minds off of what they are doing. Going in upon one of the vital, he will drop the paper instantly, and take up a new subject. You can see Aconite and Belladonna in these subjects in whom affections come on impulsively. It is a waste of time to give Gelsemium to the vital temperament. If you give Aconite and Gelsemium alternately it may cure, but you will not know which did the work.

You will find this class of individuals highly generous,

good natured and candid. They are likely to fall into excesses in eating and drinking, and especially apt to be believers in the old motto, "Let us live while we live." Burns and Byron were of this sanguine, vital temperament. The mental peculiarities that attend this constitutional element are stamped upon their writings. Thus you can project the mental and physical makeup of an author by carefully studying his work. You can readily recognize cases having this temperament, especially if well developed. Above, I said this temperament was ready and quick to make deductions. They can easily change from one opinion to another. It seems to me they should make excellent alternators. In friendship and love they are very sincere and ardent. They are impatient of restraint. Their strong social affections and love of ease are likely to carry them into excesses unless they are restrained. Take Lillian Russell; she has been married but two years, yet her love of life and dislike for restraint have already made her wish for her old freedom. She is an example of the sanguine-mental-vital temperament, and an excellent Pulsatilla subject.

It might be well to remember that where there is dark complexion, black or brown hair and eyes, in the vital, there is invariably shown a strength of passion, depth of feeling, and capacity for sustained effort, a force of character greater than in the sanguine type, while there is less refinement, amiability, delicacy and vivacity than in the sanguine vital.

Means of culture.—A climate neither too dry nor moist, exercise in the open air, and systematic breathing, calculated to expand the chest and increase the power of the heart and lungs; deep breathing. Since it is a characteristic of the vital temperament to have a large, deep chest, of course, to bring this about in a shallow one, deep breathing is necessary; pleasant companions, surroundings, and freedom from care are helpful to further the development of this constitutional element. Impulsiveness, passion, gluttony are early symptoms of this temperament, and should be restrained.

Configuration.—Plump or rounded. The figure though above the medium is not tall. The face rather round, while in the motive it is oblong. Napoleon and Daniel Webster

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The operation was a prolonged one, requiring almost an hour and a half. The patient was put to bed between blankets and surrounded by bags of hot water. He rallied well from the shock, but vomited considerably of bilious matter for several hours after the operation.

Dr. Watts remained during the night with the patient and at intervals found it necessary to administer Carbo vegetabilis, which acted satisfactorily. The second day Arsenicum was required, and the third day Rhus appeared to be indicated. Three very unpromising indications—those of Carbo veg., Arsenic and Rhus—yet the patient was undoubtedly greatly benefited by their administration. I regarded the indications for such a class of remedies as decidedly ominous.

To within an hour of the end of the fifth day improvement had been apparently substantial. The odor from the wound was not reassuring, but a fecal fistula being one of the expected complications, this did not especially discourage me. I was quite confident that the fifth day would supply a pretty reliable indication as to the final outcome, and so it did. The temperature and the pulse had been too low, as I thought, most of the time, but as these were peculiar to the patient in health, this fact did not cause special uneasiness. The thirst was annoying, but the appetite appeared to be vigorous and reliable. At half past one o'clock on the fifth day the patient moved slightly, complained of cramps, sank into his pillow, and in a few minutes was dead. He seemed to have gone to pieces as a ship strikes a rock.

The autopsy, held twenty hours after death, disclosed these facts:

The parietal wound was healing admirably; the perforation of the cæcum had closed perfectly, and the cæcum itself was in tolerably good condition. Separating the fierce adhesions that bound the ileum, that structure was found to be badly diseased for several feet, and clearly gangrenous for almost nine inches to nearly its junction with the cæcum. There were five or six large perforations within the space of a few inches. A stricture was located about three inches from the ileo-cæcal junction. There were pus spots at intervals in the mesentery of the ileum. The stricture had wrecked the structures above it by compression.

If the cæcum had been clearly gangrenous I would have resected the diseased gut at once and have established a fecal fistula as the surest immediate procedure; but, having found the cause of offense—a perforated appendix and a perforated cæcum—and having repaired the damage and instituted drainage, it was out of all question to tear the abdominal cavity to pieces in search of suspected and unsuspected possibilities. To have released the ileum would have been a serious undertaking in any event. There was nothing to indicate the terrible complication above the cæcum, and there can be little doubt that the sufferer was beyond all hope days before we saw him. The thing that would have saved him—an immediate operation—was not deemed advisable; the late operation was done and with the usual results.

I have narrated this case at considerable length, and have reported it only because it was a fatal case. There is nothing interesting to report about the early operations. The patients are up in twelve days, and that ends the matter. Not so with the mismanaged cases. They perish from the endless complications that spring up with such rapidity when the process of destruction has once set in.

The time to operate is when the indicated remedy fails.

EARLY OPERATIONS present these features: *Short incision; short confinement; no drainage; no ventral hernia; healing by first intention; death a rare outcome.*

LATE OPERATIONS: *Long incision; long confinement; pus; drainage; ventral hernia; adhesions; gangrene; perforation; sepsis; and an appalling death rate.*

Those who fancy they are doing the cause of science a valuable service by sneering at appendicitis as "a fad" are very much mistaken. I have yet to see a single operation for appendicitis where the process was not ripe for removal. Experience upon this point is absolutely conclusive. Sickly and cowardly sentimentality, coupled with the densest ignorance, masquerading under the honored name of conservatism, are responsible for the frightful mortality in this malady.

These conclusions seem to be warranted:

The simple, curable cases of appendicitis are *promptly* relieved by the indicated remedy.

One attack predisposes to another.

Recurring attacks are increasingly dangerous.

The use of *Morphine* masks the landmarks so completely that operation should generally be advised where that drug has been used.

Absence of active pain, if accompanied by prolonged systemic disturbances, does not prove that the patient is improving.

General peritonitis in males, if not clearly traumatic, indicates in all probability that a slow ulceration has at last perforated the appendix.

Even if the appendix should prove to be absolutely sound, its removal will do the patient no harm; moreover, the exploration is likely to clear up doubts as to diagnosis, and may be imperative for reasons not connected with the appendix.

The time for operation is clearly indicated when the appropriate medicines have failed to give prompt relief.

That cases have recovered in unskilled hands, and in spite of bungling treatment, is no reason why a given case should not be treated in a thoroughly scientific manner.

Appendicitis, though frequently relieved spontaneously, and many times by medicines, is *always* a surgical disease.

The point for the physician to recognize clearly is just this: that he is dealing with a surgical affection, and that medical treatment in the face of continued aggravation is an unwarranted trifling with human life. Medicines act promptly if they act at all, and if they do not act something must be adopted that will act—the knife.

As to diagnosis, we must not wait for the so-called "sure signs" of appendicitis—the "sure signs," while wonderful aids to diagnosis, are more wonderful aids to the undertaker; the surgeon ought to be satisfied beyond question that *an exploratory operation* is demanded; and if the appendix, or the cæcum, or the omentum, or the iliac artery, or anything else requires attention, he is prepared to do whatever may be necessary. There is precisely this difference between the so-called conservative and the modern surgeon: neither *knows* anything about the case that is *positive;* the surgeon's guess is somewhat better than that of his associate; seeing is know-

ing in appendicitis, and the surgeon believes modern methods infinitely superior to *chance*.

Within a few years public opinion will be as enlightened, as unanimous, and as sound upon these troubles as it is today upon amputation and lithotomy.

Columbus Memorial Building, January, 1894.

CANCER.

It was, we believe, the late renowned Prof. James R. Wood who facetiously observed:

"Gentlemen, I have operated upon some thousand or more cases of cancer, and all of them recurred except six cases, and these were—not cancer."

We do not believe that this experience differs in the main from that of surgeons generally. Cancers can be diagnosed by the thousand; surgeons can cut into and around them; some of the wounds heal, some do not; but there is nowhere a surgeon of good experience and candid expression who will venture a confident opinion upon the outcome of a case of cancer. The facts are all against conclusions of any kind. One case, cancerous beyond doubt, is operated upon, the patient survives ten or twenty years, and dies of pneumonia. Another case, also cancerous so far as the physical signs go, is left to tonics and to nature, and the patient survives fifteen years, and is killed by an accident.

Some future day the surgeons will lay aside their knives and needles, and will begin in earnest to study the nature and the remote causes of the dreadful affection whose touch is dreaded by the entire human race. Undoubtedly there is a rational cause for cancer. To deny this would be to ignore the laws of being. Moreover, there is a reason why a person should have cancer, and why he should not have enteritis, or pericarditis, or aneurysm. Cancer, like pneumonia, comes in response to a certain disturbance of vital energy. We can amputate the breast, we can extirpate the uterus, but we cannot remove the lungs; and we fail to see wherein the cancerous tendency has been eliminated when certain visible evidences have been removed from the patient, and thrown into a neighboring sewer.

This is by no means a protest against certain operative

measures for the relief of those who are afflicted with cancer. Sometimes surgical interference is demanded most urgently, and great relief is thereby rendered to the sufferer. Occlusion of the bowels, the threatened rupture of a large blood vessel, and various other conditions demand immediate and radical mechanical treatment; these facts, however, do not alter the least our proposition that the essential nature of cancer demands more careful study than it has yet received, and that no amount of mechanics will account for the excessive prevalence of the malignant disease under discussion.

We have, of course, no theory to advocate, no special pathological views to present, but it is urged that a more careful and critical record be taken in the future of all cases of cancer. Has the patient a good family history? Can gonorrhœa or syphilis be detected in the ancestry or in the patient? If so, how were those diseases treated? The impression prevails extensively in the allopathic school that gonorrhœa is absolutely incurable. Can it be driven from one locality to another, changing its form in so doing? Is it possible that a syphilitic ulcer, driven away from one spot by violent means, can migrate to more congenial soil and fortify itself against suppression by adding the element of malignancy in transit? Prof. Geo. B. Wood ("Practice of Medicine," 1868) speaks of moderate psoriasis treated locally by mild applications, resulting in violent pericarditis, the destructive force being greatly intensified by the metastasis.

Mr. Lawson Tait has said of peritonitis, "We must not talk of curing it; we must prevent it." Will not a closer study of latent maladies and suppressed diseases enable us to prevent most cases of cancer? The matter is at least worth investigating.

Dr. William W. Keen, the distinguished Philadelphia surgeon, in a recent article, declares the Murphy button to be "ingenious but not practical." This contrivance has undoubtedly seen its best days, and will no doubt soon pass to the boneyard of the picturesque in surgery. The old method of stitching together the ends of intestines is likely to prevail for some time to come. It is not so sensational as the dog button—we believe the button worked better in dogs than in men—but it seems to save more lives.

THE CLINIC.

CLINICAL CASES.

C. M. BOGER, M. D., PARKERSBURGH, W. VA.

CASE I.—Aug. 1, Master R., aet 12, came to my office suffering with the following symptoms: for several weeks had severe sore throat (nature unknown), after recovering from it went to hoeing corn in the hot sun, which was quickly followed by a severe torticollis; the muscles of the right side of the neck were contracted and of a board-like hardness, turning the head necessitated turning the entire body, head drawn to the right, complains of a continual, undefined pain in the hardened muscles; for which condition he received Lachnanthes 30, obtaining complete relief in three days with no recurrence to date.

CASE II.—Aug. 24, Mr. F., aet 63, desires relief for the following conditions: every time he puts his hand into cold water he has sudden urging to urinate, resulting in involuntary micturition if not obeyed immediately; he received Phosphorus 200, one powder dry on the tongue at bed time, followed by Sac. lac. and there has been no return of the trouble in over two months.

CASE III.—About two months ago received word to attend Mrs. B—, a patient with a specific history and suffering with uterine hemorrhage, induced, she averred, by carrying water up stairs; some time previously she had aborted, leaving a more or less constant flow of blood in its train, which had suddenly become profuse and bright red mixed with fresh clots; the os was patulous, and the uterine body flabby and relaxed; I suspected the retention of secundines and decided to try the indicated remedy in place of the placenta, forcep, etc., especially as she complained much of an aching in the uterus preceding the expulsion of each clot and of a very decided sense of weakness in the hip joints and thighs; accord-

ingly she received Trillium pend., in drop doses, which quickly changed the blood to a dark color and in three hours gradually checked it entirely.

CASE IV.—Mr. M. B. T., aet 70, of Hartford City, W. Va., came to my office on Dec. 16th, '92, with the following symptoms:

1. Gnawing in stomach, < 1–2 hours after eating, > temporarily by a bite of food.
2. Dark gelatinous stool with much flatus; shuddering before each motion.
3. Griping, gnawing, flatulency in bowels < motion and before and after stool.
4. Has undefined pains which alternate between head and stomach > in open air.
5. Bad taste in morning with hawking of tough phlegm from throat.

This condition had continued a long time and he believed himself incurable, the ℞ was Kali. bi. 12x, three doses followed by Sac. lac.; in eight days he reported great improvement for which he received Sac. lac., and on the 15th of January he reported himself well and has continued so ever since.

CASE V.—Mrs. A., now six weeks pregnant, complains of a nervous headache with a sensation as though the top of the head would fly off; she is hungry, but food turns her sick. ℞ Xanth. 1x, cured the *whole* case in one day. I would particularly call attention to the last symptom for I do not think it has been before verified.

HAHNEMANNIAN CURES.

CASE III.—*Cicuta virosa.* 1882, January. Mr. H., aged 71, with fatty degeneration of heart, had suffered for about seven months with right hemiplegia. His case was given up as hopeless by three allopaths, including two consulting physicians from the West End. They all said he must soon die. Under *pure Hahnemannian treatment* I greatly relieved him, so that he could walk a little with support. One of the consulting physicians said, when he heard of it, that "it was

simply conjuring"; however, he never asked me how I "did the trick." Later, the patient, through his own obstinate folly, in persisting in going out in a bath-chair when there was snow on the ground and an east wind blowing, and in taking a bath in a temperature of only 96°, contracted a severe broncho-pneumonia, from which I again restored him. Towards the end, dropsy of the right leg supervened. A few days before his decease I was called to visit him in the night. I found him suffering from violent paroxysmal cough, each paroxysm being followed by lock-jaw for a few minutes: there was also a new symptom, not manifestly connected with the paroxysms of cough, jerking of the left arm.

Diagnosis of the remedy.—In the late Dr. C. Lippe's invaluable Repertory, a doubly-interleaved copy of which I always carry with me to the patient's bedside, I found (p. 213) "Jerks of left arm, *Cicuta.*" The peculiar symptom, "lock-jaw after coughing," has not been recorded; but at p. 67 of the same Repertory, under "Trismus," I found *Cicuta* with twenty-eight other remedies; *Cicuta* having also this variety of the symptom, "Trismus, with teeth tight together." I at once dissolved a few pellets of *Cicuta virosa* 1m. (Jenichen) in water, and ordered a spoonful every two hours till relieved. The following afternoon I visited him, and found he had had a good night, much less cough, and no return of the jerking of the left arm or the lockjaw. He lingered on in comparative ease for a few days, and then passed away quiety in his sleep.

Comments.—(1) This case shows the necessity of carrying the Repertory to the bedside of the patient. Here was an extreme case, which if not speedily relieved would have resulted in an agonizing death. An accurate selection of the remedy must be made at once; there was no time for delay, or for a mistake. But what brain could contain with precision *all* the remedies which produce or cure Trismus, or jerking of the arms? Many of them would, of course, be known to every homœopathic physician; but it would be a mere coincident that he should recollect that only *Cicuta* had jerking of the *left* arm. Ignorant people often sneer at the homœopathic physician for consulting his books before prescribing. It is not necessary in every case, and the more

characteristics the physician can memorize, the less frequently will he need to do so, especially in acute cases; but he should always be prepared to make this study, for there are often apparently conflicting characteristics, and in these cases it is a difficult and painstaking study to select the true *simillimum.* Why should the physician be reproached for ignorance because he cannot recollect the voluminous symptoms of some six hundred medicines, occupying ten quarto volumes of the *Encyclopedia*, besides other provings not therein incorporated, or subsequently added to our Materia Medica? Does not the judge often reserve judgment, and the barrister bring his law-books from which to prove a precedent? Can the most learned doctor of divinity accurately quote all the verses in the Bible which contain the word "faith," with the context in each case, unless he first refers to Cruden's Concordance? And if so, why should the physician be debarred from a similar practice?

(2) It is asserted by some, that though Homœopathy is sufficient in curable cases, narcotics and anæsthetics must be resorted to as the only means of relief in incurable cases. This is a strange assumption. Surely to cure is a greater work than to relieve; and if Homœopathy can accomplish the greater, why not the lesser? My own experience has always been that in incurable cases a strict adherence to Hahnemannian Homœopathy will do far more to relieve the sufferings of the patient, and procure euthanasia, than any resort to allopathic palliatives; only it should be remembered that in these cases the curative action of the remedy is very speedily exhausted; and, if the patient lives long, a fresh medicine has to be frequently selected according to the constant recurrence of the symptoms in a new form.

(3) In this case there was no time to return home to study the Materia Medica, and to carry that gigantic work to the bedside of the patient was obviously impracticable. Hence the necessity that our Repertory should be so complete that it should be sufficient for such occasions.* A subsequent study of the case from the Materia Medica proved the *a priori* accuracy of the selection, as much as the good result proved

* Lippe's Repertory is the best *completed* work, but omits many symptoms, which I have added to my copy. Lee's Repertory, now being published, is as near perfection as anything human can be.

it *a posteriori*. In the *Symptom Register* to Allen's *Encyclopedia*, the symptom "Jerking of arm" is not given. Under "Convulsions of left arm" (p. 100) we find *Causticum* and *Stramonium*. The *Causticum* symptom is 1009 "Convulsions in the left arm (which is weaker) up and down, after some exertion, followed by great heaviness of the arm; then a kind of rumbling along down in the muscles, extending into the bone, as from the crawling of a mouse, with which the twitches disappear." The *Stramonium* symptom is 1419: "Violent convulsive movement of the lower jaw, of the lips, left arm, and right lower extremity." Neither of these medicines was the *simillimum*, because the crawling sensation of *Causticum* was absent, as was also the very characteristic diagonal action (left arm, right leg) of *Stramonium*.

Under "Twitching of left arm" the *Symptom Register* gives (p. 110) *Aloes*, *Calc.-carb.*, *Castoreum*, *Fluor.-ac*, *Rhodod.*, *Rhus*, *Scilla*, *Verat.*, *Zinc.* But on referring to the *Encyclopedia*, we find that under this rubric "Twitching" subjective and objective symptoms have been unwarrantably amalgamated, the exact locality, moreover, being in some cases inaccurately given.

Thus we find—

Aloes 969.—"In left hand and fore-arm, the sensation as if internally asleep; now and then an internal jerking and twitching without pains." (This symptom is therefore only subjective, and is not in the arm, but the fore-arm and hand.)

Calc.-carb. 1099.—"Single involuntary motions and twitching in right thigh, in left shoulder, and left arm." (This is an objective symptom like that of the patient; but, like *Stramonium*, it has the diagonal action, left arm, right leg, which is absent in the patient.)

Castoreum 222.—"Painful twitching on inner surface of left upper arm; afterwards, also, in right upper arm, at 9 p. m." (This is only subjective.)

Fluoric Acid 422.—"Sensation of numbness, jerking, and lameness in left arm, appears in morning and forenoon, and subsides again between 12 and 1 o'clock." 424. "A burning, pricking, and jerking pain in the whole left arm, often returning, as if there was passing through the nerves a very painful, but slow electric shock; most severe on the inside of

the left little finger, together with now and then, a snarp stitch in tip of finger, passing from within outwards; at 2 p. m." (These symptoms are only subjective.)

Rhododendron 457.—"Fine drawing and jerking in right arm and left hand." (This is also subjective, and is in the right arm, and not the left as stated in the *Symptom Register.*)

Rhus 862.—"Jerking sensation in left arm." (Subjective only.)

Scilla 256.—"Convulsive twitching of left arm, while standing." (This resembles the patient's symptom, but *Scilla* has no Trismus.)

Veratrum 715.—"Twitching in both arms." (This is bracketed as doubtful, and does not refer to the left arm only as erroneously stated in the *Symptom Register.*)

Zinc 1246.—"Twitching of the left arm, in the morning, during sleep." (This symptom is objective, but it occurs only during sleep; neither has *Zinc* Trismus.)

Under "Trismus," the *Symptom Register* gives only *Agar.-Ph.*, *Cic.-m.*, *Kali.-cy.*, *Naja.*, *Nux. Op.*, *Strychn.*; *Cicuta virosa* being omitted altogether.

I have added to my interleaved copy of Lippe, *Acon.*, *Colch.* (*Dig.*), *Magnes.-arct.*, *Rhamnus-cath.*, *Spigel.* But none of these have the "jerking of left arm."

Thus *Cicuta virosa* was evidently the *simillimum.* Besides 181: "lockjaw," it has 355: "Jerking in left arm, so that the whole body is jerked." The latter portion of this symptom had not developed in the patient, but it was simply a question of the intensity of the movement.

48 Sussex Gardens, Hyde Park, London, W. E. W. BERRIDGE, M. D.

"TACK."

MEDICAL ADVANCE: In the spring of 1891 (I believe in March) I was called to see a family of nine in number, all had La grippe, five of them in bed. After prescribing for them, the mother called my attention to her eight-year-old boy that I had not discovered, saying, "Doctor, this boy has consumption, has had it for about four years, and I think he has La grippe and it is aggravating his trouble," and asked me to

make an examination of his case, and tell her my opinion.

On examination, I found that his left lung was sound except some mucous rales. But air passed down through his lung freely. On examination of his right lung, found it to be in all appearance solid, no air in lung at all; chest full, no emaciation. General appearance, round, plump looking fellow, but looked tired; muscles soft and flabby; always cold, wanted to be about the fire; cheeks would flush for an hour or so at a time, and at any time. In summer would want to be out doors constantly, but wanted to be wrapped up; cold; no appetite for solid food, only milk and crackers could be retained, this was his food for about four years. Cough, a constant hack, and spit up occasionally chunks of solid pus, looked like butter or lard and taste cold to him, and sometimes there would be some black specks in sputa the size of pin head, and said sometimes it tasted like iron. At the beginning of this trouble, which the mother said he never recovered from, he had what the doctors called pneumonia.

My diagnosis was at the time, and is yet, that he had an encysted abscess in right lung, and I supposed it was due from the attack of the so-called pneumonia.

When I told the mother that her boy, in my opinion, had a chronic abscess in his right lung, and that it had become encysted and was like a foreign substance in his lung, and unless it was got rid of would finally kill him, she then told me that before he took down with that attack of pneumonia, he said that he had swallowed a tack while lying on the floor. She also stated this fact to the doctors that attended him at the time, but they discouraged her of that idea, and she did not know how he could swallow a tack and get it into his lungs. I from that fact and the history believed that was what caused the whole trouble, yet I never heard of such a case or one like it. I told the mother of the boy that I thought his chances were pretty slim; but I had in my mind a remedy that would either rid the boy of that trouble or kill him in six weeks or sooner, and if she was willing to try it I would prescribe, as it was death anyhow, and time was only waiting to do its work.

She consented. I gave Silicea 200 (Kent), one dose every

evening at bedtime, and in two weeks I thought that boy would die; his other lung seemingly filled up, and he could scarcely breathe. He was this way for a week, could neither eat nor sleep; they all thought he was going to die—neighbors all gave him up. One morning he was coughing very hard, and out came about a pint and a half of this pus, and in it a black ball the size of a large hazel nut. On examination the tack was found in the center of this mass of black stuff, all eroded.

Silicea was stopped when the aggravation set in and the boy has never received a dose of medicine from that day until this, and eats, sleeps and goes to school, and his mother says that he has never complained from that lung since it healed up. It was about two months after he coughed up the tack until I pronounced him well. Could run and play ball for hours and not complain. I have the tack in my possession to show for itself where it has been, and anyone doubting such thing could not occur, I will cheerfully give them the name and address of the parties on application.

I simply report this case to the readers of the ADVANCE as I believe there never was a case like it on record, and that if you ever run across one, or similar, please report the manner in which you cured your case. I claim Homœopathy cured this case, and did it nicely.

KIRKSVILLE, MO., November 9, 1893. A. T. NOE.

[Dr. H. C. Allen reported a case somewhat similar to the above case at the last meeting of the I. H. A., and it will appear in the transactions now being published.—ED.]

PARESIS OF RIGHT FOREARM, CURED BY LYCOPODIUM.

BY THOMAS SKINNER, M. D., LONDON.

A lady aged 54 from Sydney, New South Wales, an Australian born, married, and the mother of two sons and two daughters, consulted me on the 8th of May of this year, chiefly on account of what I call paresis of the right forearm. In her own words she states: "My right forearm and elbow-joint is as if on fire, always burning, much worse in bed, but bad at all times. I can move it freely, but beyond moving it,

I can make no use of it in writing, in handling a teapot or using the arm in any way requiring lifting. On attempting to use the arm, a pain runs up to the shoulder. There is a tremor in the arm at times." Subsequently, she added, that her right arm was always aching or the forearm burning. She lets things fall, not from pain, but from weakness of the muscles of the forearm.

The lady has suffered as above for the last seven months, and it seems to get the longer the worse, the last week it is very much worse.

Her other symptoms are as follows: Pains in left loin and across back, worse by movement, and better when lying on the back motionless. Worse rising from stooping.

M. P. still regular—age 54, climaxis, sad and irritable before the flow, ceasing with the commencement of the flow, constipated. Low and desponding on awaking at early morning or during the night. Extremely timid and nervous. Nervo-bilious temperament. Feet cold but dry.

Sinking at epigastrium daily about 11 A. M., and from 6 to 7 P. M.

Sleep—Wakes at 3 A. M.; has a difficulty of getting into her second sleep, and when called she is loath to rise—wants other 40 or 50 winks.

Remarks—The medicines best indicated in this case are Lyc., Lach., Sulph., Nux., Bry. and Puls. Inasmuch as the paresis and pains of a burning character are on the right side (*vide* H. N. Guernsey's Key Notes), and as the majority of my patient's symptoms are under Lycopodium, I had no difficulty in spotting the simillimum to be Lycopodium.

But we are advised by the late distinguished Professor Adolph Lippe never, or "hardly ever," to commence a chronic case with Lycopodium. I believe this advice of Dr. Lippe to be founded in truth, because Lycopodium I have found occasionally to be a capricious, if not a treacherous remedy. When I remember, however, that Lycopodium is, before all remedies, a right-side remedy, and the totality of the symptoms pointing clearly to Lycopodium, as may be seen by the letter-press in italics; moreover, when I saw that Lycopodium was backed in the order of homœopathicity by Lach., Nux. and Puls., the Lach. following well on Lyc. and corresponding

well to the Climacteric period like Puls. and Nux., I determined not to be deterred by any dogmatic rule, not laid down by the master, but contrary to his golden rule, always to prescribe the medicine which corresponds best to the totality of the symptoms, which I have never known fail me, come what may. On the 8th of May I gave her a powder of Lycopodium, cm. (F. C.) to be taken at bedtime dry on her tongue and a tabloid of S. L. statim, and thrice daily at regular intervals. Some physicians try to despise this *placebo* form of treatment, but in my estimation I believe it to be a powerful aid to the treatment in the great majority of chronic cases. May 25, 1893: My patient reported herself greatly better in many respects. Burning pain in the forearm and elbow gone, she is sleeping better, the Nux. symptoms of sleep and the waking symptoms are all gone, as also the constipation, but she is still unable to lift anything with, or use, her right arm. I consider the improvement and progress exceedingly satisfactory.

Repeat Lycopodium, 2cm. (F. C.) one powder, S. L. statim, and night and morning.

October 9, 1893: The right arm is now perfectly well. She has perfect control of it, and can lift things with it, write, handle the teapot, and use it as well as ever she could. All that she now complains of is, that she has hot flushes and perspirations, doubtless connected with the Climaxis. Prescribed October 9, 1893, Lycopodium, dm. (F. C.) in tabloids, one to be taken once a month after each M. P.

Conclusion. As my patient is about to return to Australia I gave her a letter of introduction to my dear friend Dr. Benjamin Simmons of Sydney, New South Wales, advising him of what I had done for her, and recommending him, if Lycopodium failed to control or remove the hot flushes and sweats, to give Lachesis or any remedy which he thought best suited to meet her then case.

SCABIES.

BY DR. A. McNEIL, SAN FRANCISCO, CAL.

Our highly esteemed colleague, Dr. Tyrell, has asked us for our experience in treating itch homœopathically. I heartily sympathize with him in his perplexity. I can only give him one case, the only one I ever had to treat. I hope

that our colleagues will respond and thereby a rich fund of evidence may be accumulated. Although scabies is a rare disease on this continent, in Europe it is very frequent, contributing one-third of the dermological clinics in Vienna.

One day my wife brought to me a servant she had recently taken out of an orphan asylum and showed me her hands. It was a clear case of itch for *entre nous* I had it myself once. The large yellowish-white pustules in the commissures of the fingers as the disease appears at first is unmistakable to one who has ever seen it.

On inquiry I found that there was intense itching aggravated by warmth and by washing in cold water. I gave her one dose of Sulphur, cc., not because I had diagnosed itch, but on the modalities I mentioned, for that grand disciple of Hahnemann, Bönninghausen, in his Repertory, mentions forty-one remedies for that disease. I prohibited all external applications except her usual ablutions and for fear of contagion to wear kid gloves.

The itching ceased immediately, no more pustules appeared and those already in existence dried up and disappeared in four or five days so that no trace was visible and remains well as far as my knowledge extends—about two years.

Was it scabies? I know many dermatologists lay much stress in discerning the itch-mite or its tunnels. In an old and neglected case I concede that there might be difficulty in differentiating it from eczema, but none at all when I saw it. Moreover, the girl found her tongue in a few days and told that twice in the asylum she had been treated for the same disease and isolated three months because it was itch. Although her hands were clean when she came to us I am of opinion that it was the same case of itch and it had only been suppressed temporarily.

I might reason by analogy and show that ascarides, lumbricoides, and all the tribe of bacillæ, cocci, etc., disappeared from the system because the indicated homœopathic remedy renders the organism unfavorable for occupation by the parasite. But the doctor wants facts, not abstruse reasoning.

As this has an important bearing on Dr. Adam's request for advice in the treatment of itch, I send it, although late.

May 18, 1893. Mrs. E., 32, German, a trained nurse, came

to consult me for a deafness of one week's standing, Left ear cannot hear a watch unless touching external ear, right ear can hear at fifteen inches. She has clear red cheeks, and white, lily white, skin. When five years old had itch, which was "cured" in twenty-four hours by the application of salves and soaps, the latter I suppose was the green soap or *sapo viridis*. Soon afterwards had epilepsy which continued for several years, and disappeared when she was sent into the country to perform the labor of a farm servant. This was prescribed by her physician. Had inflamed eyes for years and are still weak although not congested. Is subject to headache. If she sleeps very soundly all night will waken with headache, which increases till 1 p. m., remains steady till 7, then disappears; nausea, must lie down, aggravated by moving or standing. Occasionally has an eruption appear for a short time on her hands to again go away. It itches violently and is aggravated by heat. Has faintness at stomach. Had a tumor on top of head evidently fatty, she removed it by application of caustics. The site of this tumor is also the site of her headaches.

Who will deny that her condition now is the result of the external treatment of the itch?

(This article should have appeared in the Bureau of Clinical Medicine, I. H. A. but accidentally was placed in the Bureau of Surgery, and not noted until too late for publication in its proper place, so has been transferred to the columns of the MEDICAL ADVANCE.—Ed.)

DIPHTHERIA.—THE MEMBRANE IS NOT THE DISEASE.

CHAS. B. GILBERT, M. D., WASHINGTON, D. C.

The first case I had after graduating was one of scarlatina; the remedy was Lachesis, in which my preceptor had, and still has, no confidence; on the second day diphtheria developed in the throat but the child felt better; she was nine years old and gave her symptoms well; the most rigid cross-examination of both patieht and mother brought out nothing but Lachesis which she got in infrequent doses (3 hours I think), but the membrane spread until it covered the pharynx, ton-

sils, noula and extended for half an inch or more upon the roof of the mouth, during three days; *the patient was better* and I held on, my reward being that on the fourth day the membrane was rapidly thinning; the whole neighborhood was allopathic and was astonished to see the child out so soon and so entirely well.

In the ADVANCE, Vol. xxv, pp. 93–97, are three cases of diphtheria (simple) where the more the membrane developed the better the patient grew. I should not add my case but that there are so many physicians to whom the *membrane* is the *disease*, or at least the index of the progress of the disease, and who go at the membrane as the origin of all the trouble; their tracks are strewn with persons who have never been well since their attack of diphtheria.

Prof. T. F. Allen says in a recent letter that he uses only strict homœopathic treatment and no local applications whatever.

When we forget that diseased conditions get well from within, outward, we blunder. The injunctions in the Organon are nowhere more to be heeded.

THREE CLINICAL CASES.

ANAWA, IA., August 14, 1893.

H. C. ALLEN, M. D.,
5142 Washington Avenue, Chicago.

Dear Professor,—When I left Chicago last spring, among other things which I neglected to bring with me was a hypodermic syringe, and I must confess to certain feelings of uneasiness when the thought has come to me that, if unable to afford relief in cases of extreme suffering, I might regret my temerity.

The following cases have served to strengthen my courage:

CASE I.—At 2 o'clock one Sunday morning I was called by a friend to hurry up and bring my hypodermic, as his father-in-law was in great pain. At some distance from the house his groans and shoutings were distinctly audible, and on entering I found an old man sitting upright in a chair, who could stop his cries only long enough to tell me that the pain

was confined to the region of his right kidney, and it was very sensitive to touch.

With these meager data on which to prescribe, I administered in water three doses of Lycopodium, 200, after which he allowed us to put him to bed, and, the pain gradually ceasing, he soon fell asleep.

A few days later he passed some red sand with the urine.

CASE II.—Fred H., stable man; robust, and accustomed to roughing it, slept in a small room between two open windows one night last week, when the weather suddenly turned cold and windy.

When I saw him at 7 o'clock next morning he was sitting on the edge of the bed, leaning his head on the back of a chair, his whole attention given to breathing, his face expressive of the greatest agony, and the tears coursing down his cheeks. As he could not stop breathing long enough to speak, by means of nods and shakes of the head I learned that he could neither lie down nor take a long breath; that each breath or motion caused a "catching pain" in the right side, which was somewhat relieved by pressure.

Bryonia, cm., four doses in water; put him to bed, and his employer informed me that he was out in the stable before supper, in spite of all protests.

CASE III.—Last night at 8 o'clock I found Mrs. F. walking the floor in great agony, the whole family trailing after her.

I detained her long enough to find out that it was her usual suffering at her menstrual period. The pains were shooting over her whole body, increased gradually until she thought she should go crazy, then eased somewhat, and were accompanied with chilliness; no relief from heat.

She received Pulsatilla, 42m., and at the end of half an hour with only an occasional twinge left, told me she had suffered at each period for two years, when she had waded across a lake in the rain just before her period.

Her pain had never lasted less than three days, and each day she had an injection of morphine, and was a week getting about. She is up this morning.

Yours very truly, B. R. JOHNSTON.

CLINICAL CASES.

BY JOHN C. MORGAN, M. D., PHILADELPHIA.

I. January 23, 1890.

G. W. K., a boy of eleven years, is preparing for a school examination, complains of headache, < reading; moving about;

Flatulence;

Face, pale and sickly-looking;

Frowns, constantly;

Tongue, coated;

Constipation.

℞ Nux. vomica, 200, four doses; at intervals of six hours; followed by Sac. lac.

January 26.

Is better, stronger, etc.; but bowels are loose; with wind and pain.

℞ China, 200, four doses; six hourly; followed by Sac. lac.

January 30.

Is generally better; but the headache is worse; < reading.

Tongue appears painted, in tint.

℞ Bryonia, 200, four doses, and Sac. lac. in the usual way.

February 2. Somewhat improved, but complains of starting in sleep;

Boring in the nose with finger.

Headache, all the time, with constant frowning.

Temper, cross;

Physiognomy, discontented.

[Examined stools; no worms found.]

Prescribed Cina., 200, seven powders; one to be taken every night with Sac. lac.

February 7. Since last visit to the office has had *soreness of the calves* of the legs, very distressing and disabling (regarded as a drug proving of Cina).

Feels poorly in general.

℞ Sac. lac.

February 17. Since last report all symptoms, including the soreness of the calves, have been better.

No frowning.

Is feeling quite well. Discharged with more Sac. lac.

CASE II. Mrs. B's headaches, with the symptoms following, are always controlled by Lac. defloratum, 1m., a dose when it first sets in, and repeat "when it is worse than common."

Symptoms: The attacks come on gradually and subside gradually.

Dizzy, in the first place; then aching and soreness through the eyes and brows; it goes upwards and backwards, and increases.

In top of head, bursting and burning; feels a pulse, as big as an egg there. Sensations extend to the nape of the neck, to the shoulders and back; "the cords feel tight."

After the pain is established, nausea sets in; later, retching; then vomiting, slimy, nasty, sometimes bitterish; followed by relief.

By this time the limbs are cold; also, cannot speak or move. Sight is blurred from the time the aching becomes severe.

The *previous day* she "hates the thought of food."

Fright or worry is productive of the attack.

It *begins in bed*, to be severe, in the night or in the morning.

Aggravations: by opening the eyes; moving the eyes; moving the head.

January 27th, 1893. Mrs. K., aet 23, presented the following history: Had diphtheria one year ago, was treated with heavy doses of iron, and throat was cauterized with nitrate of silver. Had rheumatism when 16 years old. Presents the following symptoms: Has pain in back (sacro-iliac region) and also constant pain and ache near apex of heart—at times sharp and quick, like a knife. At times seems as though heart was in the throat. Must lie either upon back or left side. Heart palpitates when lying on right side. Better lying with head low and always sleeps upon left side. Headache sometimes in vertex, at others in temples and over eyes, always relieved by sleep. Headache better from closing eyes.

During menses has pain in left side, of a boring nature, bearing down in uterine region during the flow, which is worse when upon the feet, with dragging in back. Flow lasts about four days—bright and not clotted. Feels worse in

a. m. than when going to bed. Sleepless at night, very restless, especially first part of night. When pain in left ovary is worse the heart is worse (Naja). Cannot bear to remain alone. Easily startled. Horrible dreams. Craves candy. Feels better in open air and in company. Aversion to fat meats. Much bloating of abdomen, so much so that her friends thought her six months pregnant.

This patient received Puls., Sulph., Naja, and other remedies which ameliorated the symptoms until the 28th of February when I concluded she had been poisoned by nitrate of silver, and so gave Nat. Mur. as an antidote, and lo! what a change. The heart symptoms let up, the flatulence subsided, and a typical case of diphtheria was the result. She of course was alarmed but was assured that it was the turning point in her ailments. Remedies appropriate to the diphtheria symptoms were administered and it subsided in a few days. She had no more craving for candy, could sleep on either side, and the heart resumed its normal rythm. I might say that formerly the heart would give one normal beat, the valves closing properly with normal interval but in next beat the aortic valves closed, leaving about half the interval of first beat. This condition of the heart beats was constant before giving the Nat. Mur. She went on to a good recovery aided by remedies which had formerly been administered with but indifferent results.

She had been treated for five weeks by a regular for the above symptoms before coming to me, but is now a firm believer in Homœopathy.

CASES FROM PRACTICE.

H. K. LEONARD, DEPOSIT, N. Y.

I graduated in 1881. I had the privilege of sitting under the instruction of Farrington and Korndoefer, two men, than whom, more loyal to Homœopathy, never lived. We had other good and able men in our faculty, some of whom honor it to this day, but these men had "Homœopathy on the brain," so to speak. They didn't *believe* in Similia, they *knew* it. Did you ever think of the difference between *believe*, and *know?* A man asked me "do you believe in Homœopathy?"

"No, I don't believe in it. I *know* it. Belief implies second-hand knowledge. "Somebody said such and such a thing was so. Guess it must be true." But when you see a few doses of a potentized remedy stop the preparations for a funeral almost begun, then you begin to *know*. Since I graduated I have been grinding away, doing the best I could, making many failures; many prescriptions that did not strike the centre. No fire companies have ever been called on to extinguish any part of the earth that I have set on fire. Yet, somehow or other my faith in the law of Similia grows stronger with each passing year, and I am, today, just as eager, and enthusiastic a student of Materia Medica as when I first, note-book in hand, looked up into the grave kindly face of Prof. Farrington, or watched Prof. Korndoefer as he tossed back those flowing locks. My mind was in a plastic state those days, and every word spoken by those earnest defenders left its impress. And if my advice was worth taking, I would say to each homœopathic medical college: whatever you may have to bring to your classes, *have one or more men, men of strong individuality, men in whom the belief or knowledge of similia is a passion, and allow these men to preach and emphasize that belief, in season and out of season.* If the rest of the faculty, the surgical, or physiological, or chemical, or anatomical men are not so radical, perhaps are a little eclectic, *put a gag on them. Don't, for heaven's sake*, when a class of young men are on the "anxious seat," trying to enter the kingdom by the "straight and narrow way," begin to "pull down the fence" all along the line. They will find the low places quick enough, and some of them will be jumping out into eclectic or allopathic pasture fields before they are in a year.

When I started in a place, markedly malarious, a medical man, in whom I had great confidence, said to me, "You'll *have* to use Quinine in that place to hold your own." I began using it, and it took me three years to find out that he didn't know what he was talking about. At the end of the third year I was thoroughly disgusted with Quinine. It's *worse* than the *poorest* homœopathic prescribing. It landed me in innumerable places where I could neither go ahead nor back out.

But I started to give a few cases as I recollect them from practice, so I will begin with an

Ague Case. John A., a carpenter, was carried home from his work suffering with what I called a "congestive chill." He looked like a live "dead man" when I saw him. It was a plain Eupatorium case. He was pretty well frightened, and when he saw me dissolving some No. 10 pellets (200th) in water, stammered out, "My – my ——, doctor, that won't do for me." "Why not, John?" "Why, if I have another of these —— chills, it will kill me." "But you are not going to have any more, or perhaps only a light one tomorrow." He had a very slight chill the next day, that was all.

Case II. Patsy M., brought to me by his mother, an aged Irish woman (not tongue tied to say the least), and who was suffering with an extremely fœtid ozena, and was very deaf; one of these persons so hard of hearing that they get almost in your lap to talk with you. Oh, that breath of hers. It comes to me yet, over all these long years. I would shove away; she would move up; finally, by putting my handkerchief over my nose I stood it. "Could I cure Patsy?" "What ails him?" "Well, he is out of his head since six months. His mind's gone away altogether. We have had him all 'round to all the big doctors, and divil a bit a good they do him at all. He's getting worse every day. We thought we'd try you, and if you can't help him we're going to take him away to Danville, to the asylum."

"Well, it's *possible* that I can help 'Patsy' but not at all *probable*. If you'll give me a month's time I will try." "Patsy" sat over in the corner of the office looking about as intelligent as an owl that has had a lantern flashed in its face on a dark night. The only symptom I could get was, that he developed the insane condition after a thorough drenching in a thunder storm. I gave Rhus. 30.

Report in ten days. "No change."

I than gave Nux. 30, (don't know why unless to get the old woman and her respirations out of the office.)

Report in ten days. "No improvement." "But doctor Patsy's changed his actions altogether." I am interested now and stand the fœtid breath with some composure. "Please tell in *just* what way." "Well he's been very paycable, not

saying much or paying any attention to anybody. *Now* when any of the neighbors, or a stranger comes in he sits himself away in the corner and looks foolish-like, as if he was scared, and when they're away, he says "mother what are they doing here. They're making fun of me, I don't like they're coming round here."

I said to myself, "If that isn't 'Baryta Carb.,' I don't know what it is." I gave the old lady six powders of Baryta 30, one each day.

Before the six were taken, Patsy was sane, sound and clear in mind and body. (He was normally, a bright young Irishman) and remains so to this day. I received $1.50 in money, the blessings of all the saints in the calendar and an olfactory reminiscence from which I will never escape.

CASE III. Was called to see Russell F., who had been ailing for about six weeks. Previous history of good health; occupation, farmer and school teacher; a robust young married man, was taken with rheumatic symptoms, followed by languor, tired feeling, culminating in severe vomiting and nose bleed. Had had six weeks of regular (?) scientific (?) treatment. First man treated him for "biliousness" "liver and stomach trouble." Part of the treatment was a "thorough course of mercury." Said "there was not much the matter with him anyway. He'd come around all right in a few days." Second regular (?) scientific (?) man, was an abler diagnostician, pronounced the case one of acute parenchymatous nephritis; gave a grave prognosis, and a prescription calling for ten drops "German Digitalis" before each meal. This his stomach would not retain, so Homœopathy was called in.

He had a pale, pasty complexion, rapid heat action, temperature 101; complete anorexia; no desire for nourishment, couldn't keep it down—if he took it, stomach distressed him so he threw it up. A history of having vomited from one to seven times a day since sickness began. Was much worse nights; so uneasy, restless, semi-delirious, aching rheumatoid pains; couldn't lie still, he ached so, etc. For the first five days I wasted time. I was treating "Bright's disease," and my patient was getting steadily worse; was now confined to bed. (I forgot to say that his weight had decreased from 180 to 130 pounds, when I first saw him; also that urine was

nearly solid albumen, and quite red, evidently a great deal of blood in it.) Finally I began to turn my attention to my patient, studying him as a whole. I looked him carefully over, and it seemed like Rhus. tox. I gave one dose of the 200th and placebo; waited two days, no effect. Then I gave Rhus. 3x, dose every two hours; in two days more no amelioration. I confess I was beginning to wonder whether I was going to find the remedy, when all at once it came to me, "Why, that is an 'Aconite picture.'" There is that uneasy, restless tossing and turning at night; the hot, dry skin; "water tastes *so* good, seems to go right to the spot;" and (reading between the lines) that semi-delirium his wife speaks of, is "that mental anguish and disquiet that will not be allayed, that terrible fear of death, etc." "But 'Aconite' is useful only at the beginning of acute." Never mind "*when* it's useful;" it's useful like any other remedy, when the totality of the symptoms call for it.

I gave Aconite in the three drop doses every two hours. In all my experience I never saw a more marvelous effect. The *first night after beginning its use he slept like a tired child all night.* He has not vomited since. From a condition of complete disgust for, and entire intolerance of even the lightest food, his appetite rapidly returned. Just ten days from the time he began taking the Aconite, I happened at his home just at dinner time, having ridden eighteen miles over the mountain roads. He sat beside me at table, disposed of as much bread, meat and potatoes as I did, finished with a generous slice of lemon pie, and said as he arose from the table, "Well, that beats skim milk." In eight weeks he gained thirty pounds. I am aware this sounds "fishy," but it is the simple, literal truth. In three months his condition was normal except the albumen. The deep red color soon left his urine; the amount of urine diminished to normal. But about one-third of the original amount of albumen remains. Neither I, nor the best prescribing ability I could reach, have been able to select a remedy that would lessen it. He staid by me for about four months, then gave it up, and is now a patient of Dr. Pierce of Buffalo. What the end will be is yet to be determined. The lesson this case brought to me was the value of being able (even if only once in a while), to "read

between the lines." I am just as certain that my patient had the peculiar Aconite mental condition, "fear of death," etc., and I am equally as sure that he would have died before admitting it.

CASE IV. Happened some years ago. During my absence from my practice, a child in a family I attended had a severe attack of dysentery. The leading allopath who was in attendance gave an unfavorable prognosis. "If he wasn't better tomorrow, wouldn't be likely to get well." Tomorrow found no improvement, and, learning of my return, I was requested to take the case. I found a peculiar condition of affairs. He was a fat, Welsh boy; evidently hadn't taken kindly to his medicine, as there were dark spots on his night-gown, as well as on the sheets; some of the spots were eaten entirely through. But the boy's face *was* a *sight.* Three or four big yellow pustules on his nose; two on one eyelash. I said to myself, "My boy, if you didn't have dysentery, I would give you Hepar sulphur." I thought of Mercury and Silicea; concluded he, perhaps, had had Mercury enough. Finally, it struggled into my comprehension that I had read something about treating the patient and letting the disease take care of itself. There was nothing peculiar about the dysenteric symptoms except their intensity; stools every twenty minutes, extreme tenesmus, etc. I gave Hepar sulph. 6x, a powder every two hours. I discharged the case at my visit the next day. Only two movements in the interim, and a complete amelioration. Great was the astonishment of that "leading" allopath.

CASE V. This case I shall never forget. A slight, slender girl, sick with right-sided pneumonia, lower third of lung. The child had the reputation of having weak lungs, and the parents were very much alarmed. She had a sallow look at the beginning, unceasing barking cough, no sleep night or day. For four or five days I struggled manfully. I was treating pneumonia, studying pneumonia, and my patient rapidly getting worse. It was a case I ought *not* to lose; didn't want to (for special reasons), and yet the disease was rapidly wearing the little life out. About three o'clock the afternoon of the fifth day saw this tableau. A worn out and discouraged mother holding "Jessie" on her lap trying

to ease her. She had that "fagged out look" in her eyes that I do not like to see. A "blue" doctor who felt as though the "end of his rope" was near at hand. I simply did not know what next. Finally the mother said, "Jessie's bowels are very loose today and its such a funny color, a bright yellow, just as yellow as gold." Did ever the sight of a sail to a hopeless castaway, on a raft or lonely island, arouse more exultation than that simple statement? It dawned on me all at once. "Bilious vomiting of first days, sallow complexion, right-sided lung involvement, loose rattling cough, and now the golden yellow stool." "And you could not see it until the mother *almost* read it to you from the book."

"Doctor you ought to be tried for involuntary manslaughter."

I said, "Mrs. S—— Jessie is no better is she?"

"No, she is worse and has been getting worse every day."

I gravely replied, "She will be *very much* better tonight by nine o'clock and *almost well* tomorrow;" then stalked out of the room. She looked after me as though she thought my mind was giving away. *I* was after some Chelidonium, 2x, that I had at my office. To have watched "Jessie" quietly sleeping at ten o'clock that night; such a quiet restful sleep. To have seen her the next afternoon free from fever, cough and pain, in a word convalescent, would have done much to refute the statement that "the days of miracles are passed, and would have increased the reverence for a man whose genius, almost inspiration, gave to the world such a law of cure.

Only yesterday a case of bronchitis in an aged Scotch woman. Loose rattling cough, white pasty tongue, no appetite, sallow complexion. It was my fourth attempt, and I had not struck the center yet. As I sat looking at my patient, I said to myself, "If you were a child I would try you on Chelidonium." I finally gave it. Today I got the word "mother very *much* improved need not come again until we send." I know the family and know that there is no deceit in this.

I had some sport a few weeks ago with a great large rugged farmer. I was called to prescribe for his wife who had a sharp attack of dysentery. "Charlie" as she called him, was

moping around, using a cane, his clothes flapping about him, and looking altogether like the last "run of shad."

I said, "what ails Charlie."

"Why, he replied, I've had an awful dysentery for three weeks, right here in haying, have not been able to do a thing."

"But why don't you get well."

"Well, I am better, I've got a splendid medicine here I am taking, its "Hankin's Cholera Mixture." It *holds* me, but just as soon as I let up any, I go again as bad as ever."

I made no reply, saying to myself, "If Charlie wants me to prescribe for him, he must ask me himself."

As I started to go his wife said, "Well, doctor, can't you do something for Charlie?"

"Oh, Charlie's all right. He has got something there that 'holds' him; that's all he wants." Then Charlie blurted out, "Well, doctor, if you've got anything that's *any better than that* I'm taking, why I'd like to try it."

Notice that wording; no going back on his "cholera mixture;" simply a challenge to produce something better.

Then I sat down. "Tell me your symptoms."

"Why, I've got a dysentery—blood and mucous—have to run quickly."

"Yes, I know. But what is there peculiar about *this* attack that makes it different from any other attack you ever had?"

"Why, just as soon as I eat or drink anything I have to get right out; makes me hustle, I tell you."

"Yes," I said; "and when you get there it's just one spurt and it's all over."

"How did you know that?" he said.

"Never mind."

I had only the 3x of Croton Tig. (I usually prefer the 200 in those cases.) I medicated some disks. "Now, put your 'Kendall's Spavin Cure' on the shelf, and *leave it there.* Take two of these disks at once, and two after each loose stool."

Three days after I met "Charlie" on the road.

"Say, I never had my bowels stop in this way before."

"What's the matter now, Charlie? didn't it 'hold' you?"

"Why, yes; but generally after I've had such a time, my

bowels will stop and start, and stop and start again, and finally get tired and quit. *And, say, they never moved since I took them two candies, till this morning, and then 'twas just as natural as ever.*"

Now, I'll guarantee that "Charlie" will carefully preserve that bottle of Croton tig, 3x, and try it on every case of loose bowels in the family or neighborhood, and finally conclude, "'Tain't no good any more; lost its strength, I guess."

Bryonia is a remedy that is a miracle-worker when it is clearly indicated. It has done some grand work for me in the last year, and in cases, too, where its action was unmistakable. Called in from the road to see an elderly lady, who had been sick for two weeks; stomach and head; pain in bowels; loose stools, no control over motions. I was in a hurry, and my first prescription was wild. On my return the next day found her worse. Then I took time and got the following picture:

No appetite. Bitter taste. Nausea and giddiness on sitting up. Severe paroxysms of pain in stomach and abdomen. Had neighbors in night before putting on mustard, hot cloths, etc. No control over stool unless she kept *perfectly* quiet; just turning over or moving an arm or a leg would cause an evacuation. My 200th bottle was empty, so I prepared the 3x of Bryonia, a teaspoonful every two hours. Next day patient *very* much improved. Bowels only moved once. No paroxysms of pain. Head better. Gave one dose, 200th, and placebo; discharged the case next day. This woman was not strong, was very much prostrated and run down from her two weeks' suffering and trying to do her housework. It was a case where, almost to a certainty, regular scientific (?) treatment would have terminated with the undertaker.

Another patient the wife of a physician in a near by town. She had a severe attack of dysentery, which the doctor was managing all right, until he became over axious and called in one of his colleagues, who is an eclectic but practices "both ways." He advised the use of a Merc. Cors. injection per rectum. It seemed to have a very bad effect, she grew worse and I was asked to see her. On examining the case I could make nothing out of it. It was *very* much confused and mixed up. Then I began with the first days sickness and

followed along. The doctor had watched her very closely and gave me a very intelligent account. It was not a clear cut case, but the prominent and peculiar symptoms (outside of the diagnostic symptoms) had all been "Bryonia." I said, "Doctor, I don't know what this case is now, its without 'form and void,' but I believe it was a Bryonia case at the start. We will give her one dose of Bryonia the highest you have and wait and see what will come of it." The doctor wrote me about two or three weeks afterward that it was all the medicine she took.

In two cases of pneumonia I saw in consultation, pretty sick people too, Bryonia, 200, two doses each, was all the medicine required to almost immediately establish a convalescent condition. In both of these cases the picture was not so very clear. Yet nothing else was even hinted at by the symptoms and they were typical Bryonia patients. Dark hair, black eyes, swarthy or brunette complexion, bilious temperament. The action of the remedy was all that could be desired.

Called in consultation to a neighboring town to see a child about three years old. On the way from the depot the doctor gave me a history of the case.

Sick about a week, seemed to be lung trouble. "I don't believe the boy is in any danger, but he don't get along and we are getting anxious about him. But is he not cross? If ever a kid needed walloping he does. He fights his mother, won't even let her look at him."

I said, "Doctor, I guess you have an Antimon. Crud. case, have you given it?" "No!"

On our arrival that proved to be the remedy and soon untangled the snarl. And so I might go on multiplying instances, but what is the use? I *know* that the law of Similars is one of the eternal verities. I *know* that it is infinitely superior to any known method of therapeutics. I farther *know* that it is extremely difficult, at times impossible, to find the curative remedy. But what does this prove? That there is a flaw in the metal? That you have come to a broken link in the chain? No, *not* by any means. It simply proves that you, personally and individually, are lacking, not equal to the occasion. The next man might unerringly and at once select the remedy. He comes to the case fresh. Approaches it

perhaps from another standpoint. Sees the "other side of the shield" and hits the mark.

Mr. ———, colored, aet 27; born in W. Indies. Had been a ship's cook. Had syphilis, for which he had received the usual mercurial treatment. Eight years ago he contracted gonorrhœa, which was suppressed with injections. This resulted in stricture and later in hydrocele. The hydrocele was injected with Iodine and also local application of same. At point of injection a fistula developed, extending into the substance of the testicle, which was very much enlarged and indurated. The first prescription was Iod. cm. Two weeks later reported fistula healed and induration about gone. Has been troubled with piles the last week, burning and pain which was relieved only by application of *cold water*. For these and some other symptoms he received six powders of Aloe, 1m., to take one each night. Reported again in two weeks. Says the medicine brought back the gonorrhœal discharge in less than a week, and "busted" the stricture, both of which have disappeared. Two weeks later, a set of mercurial symptoms having come to the surface, he received a dose of Merc. dulc. dmm., which cleared the case up completely and patient discharged *cured.*

THE COMPARATIVE VALUE OF SYMPTOMS *

S. E. CHAPMAN, M. D., WATSONVILLE, CAL.

Frequent offensive, dark, liquid stools.

Stools preceded by colic.

Great desire for company and light.

The desire for light and company were so prominent that bright sun or gaslight were demanded by her constantly, and she enjoyed company about her, the more the better. At times nothing would appease her but to place a strong lamp light close by the head of her bed. Certainly here are two prominent indications for a potentized drug that cannot be ignored. To have done so would have left the choice of remedy conjectural. Stramonium was the remedy that covered the case completely, and in the 30x potency it swiftly and permanently cured.

And so that mysterious essence, that spirit-like force that pervades our entire being—body, soul, and spirit—when its equilibrium is disturbed from any cause whatever, cries out with a voice and language that are wonderfully clear and comprehensible to him who hath an ear to hear.

"And he said, Go forth and stand upon the mount before the Lord. And, behold, the Lord passed by, and a great and strong wind rent the mountain, and brake in pieces the rocks before the Lord; but the Lord was not in the wind; after the wind an earthquake; but the Lord was not in the earthquake. And after the earthquake a fire; but the Lord was not in the fire; and after the fire a still, small voice. And it was so, when Elijah heard, he wrapped his face in his mantle. * * *" Reverentially we make the comparison, but it seems so beautifully appropriate that we do not hesitate. Pathology, in any or all of its fearful phrases and manifestations, is like the cyclone, the earthquake, and the fire. Destructive and devastating though they be, yet the voice is not in them. The marvellously keen eye of the chemist or microscopist cannot develop the place whence it cometh. Nor doth it proceed from the terrible (?) microbe. Though the microscope reveal the deadly bacillus tuberculosis in the sputa, the cylindrical cast in the urine, carcinomatous and sarcomatous growths, the voice is in none of these. Interesting,

*Concluded from MEDICAL ADVANCE for October, 1893.

instructive, and essential though these patho-histological studies may be, yet the homœopathic prescriber must look behind and beyond all these for the indications for the similimum.

Many cases come into our hands that have been pronounced positively incurable by the ablest men in the old school. And so the poor unfortunates come to us with the prognosis of death sounding in their ears, and the limitations of life approximately set. But the worthy exponent of homœopathy carefully takes the case, lays hold upon those symptoms that are prominent and uncommon, finds the similimum, and many of these precious lives are thus rescued from the jaws of death. And so we may often present them alive and well to despairing friends as ones raised from the dead, through the mysterious power of the potentized drug. (See ADVANCE, Nov., '92, pages 329-335.)

While aberrations of mind and disposition, and symptoms of purely subjective character, are usually of greater importance, yet this is not by any means always the case. These may be nearly or entirely absent, or so general in their character as to be of little value, and the voice is heard alone in objective manifestations. The symptoms in a recent case of diarrhoea in a teething babe, were as follows:

Considerable fever and restlessness.

Diarrhœa, frequent and profuse.

Stools greenish water, sometimes resembling scum of frog pond with peices floating in it that look like tallow.

Much rumbling of flatus in the bowels.

Stools preceded by colic.

This totality is covered by Magnesium Carb, and in the 30x potency it performed an immediate and beautiful cure. The prominent feature of this pictnre is the character of the stools. The tallow-like lumps floating in a greenish, watery stool, is found alone in the pathogenesy of Mag. Carb. While the other symptoms are corroborative, yet they are to be found under several other remedies, and are not sufficient data for a prescription.

And is it not necessary to know the cause, source, nor composition of these lumps. To have noted their presence in the stools, together with the other indications, is sufficient for

the homœopathic prescriber. This is in no sense pathological prescribing. In the treatment of the various fluxes of the body the most important indications are usually found in the peculiarities of the discharge *per se*, without special (if any) reference to the pathology that is the cause or source of said flux.

Let not the student infer from the reports of cases in this paper that the indications for the remedy are always so prominent and tangible. Often there are no symptoms that seem to be characteristic of any particular drug. Under these circumstances we can make no prescription. Let the diagnosis and pathology be what they may, we must stand still at this point. The case must be studied until the symptom—picture of a drug can be discovered. Perhaps a dose of Sulphur, Psorinum, or some other antipsoric may clear the case up, and order be brought out of a death or chaos of symptoms, rendering the finding of the indicated remedy a very simple matter. § § 172–184 Organon.

The value of symptoms, therefore, cannot be exaggerated. It is impossible to make a scientific prescription without them, and one physician is more successful than another by so much as he is the better symptomatologist. They are the voice of that spirit-like dynamis, as we have said before, and by them alone it makes its plaint against the various disturbances to which it is subjected. § 14. Organon. The removal or obliteration of all symptoms in any case constitutes a cure. § 17. Organon.

The ability to perceive and estimate symptoms properly is the result of close observation and long experience. "Line upon line, precept upon precept; here a little and there a little." More or less rapidly, according to our several ability, our perceptive faculties will enlarge until no symptom of importance can escape our notice, and we grow to the full stature of "The physician himself." With a faith, born of blessed experience, in the indicated potentized remedy, we may safely tread through the pitfalls and snares that beset the path of every homœopath. So shall success crown our days; and, honored of God and man, our peace shall flow as a river.

AN INVETERATE ECZEMA CURED BY THE ONE DOSE OF THE INDICATED REMEDY.

Under ordinary circumstances one would scarcely be warranted in reporting a case of eczema cured by a certain indicated remedy, unless he had some good ground on which to base his opinion. The case that I am about to report is interesting on account of two facts.

1st. Because it was an inveterate case of many years standing, cured by the one dose of the indicated homœopathic remedy, after a number of our most prominent allopathic physicians had failed.

2nd. Because there was a sycotic basis in the case on which hinged the image.

Mr. P., aet 26, light hair, tall and fair complexioned, occupation, attorney.

Family history: Both parents living, health fair. Grandfather having a similar eruption, as well as one of his sisters, for years.

Symptoms: An eczematous eruption about genitals and between thighs and nates, character papular—some forming and taking on the characteristics of a small boil.

Some cracking near anus, very painful.

Constipation for many years.

Is in the habit of taking Hood's pills, one every morning.

Ineffectual desire and often attended with severe sticking pain up the rectum.

Mental: Frequent spells of peevishness. Feels miserable most the time. Frequently omits words in writing. Headache frequent in temporal region < from light.

Feet sweaty and offensive and marked soreness between the toes.

Aggravations: From warmth—motion and touch in general

Ameliorations: Scratching around genitals for time being followed by burning.

Sensations: Itching and burning.

On these indications I prescribed at different times, Sil. Nux. and Sulph. At the end of two months treatment there

was but little if any improvement except that the foot sweat and the soreness between the toes had diminished.

I now carefully retook the case once more. Examined his rectum carefully but found nothing abnormal in the line of constriction, pockets, polypoid growths, etc.

But I found near the anus a small pea-sized whitish elevation, giving a sharp stinging sensation to touch, which on close questioning found existed for many years. A history of a miasm as a basis flashed into my mind, and on questioning elicited the following:

1. When a boy his hands were full of warts of the seedy variety.
2. After vaccination a severe eruption broke out all over his body, the scars being very large.
3. Teeth decay near the gums.
4. History of corns.
5. Toe nails thick and brittle.
6. The nodular growths near the anus.

After careful study, I found the totality of the symptoms occurring under Thuya Occidentalis, of which I gave one dose 12x, and told him to report at the end of a week.

When he came back he told me the eruption was somewhat aggravated after a few days but now is much better.

I now felt confident and told him to continue the powders I gave him the week before, which was Sac., and to report in two weeks.

At the stated time he walked into my office with quite a different expression on his face. For the eczema had all subsided leaving the parts perfectly natural. Besides, that nodular elevation had subsided to a minimum and the sharp pain all gone. Bowels regular and natural which they have not been for many years, and his general feeling splendid.

WILKES BARRE, PA. D. S. KISTLER.

NASAL POLYPI.

"The consistence of nasal polypi is not less variable than their form. In some instances they are soft, and in reality consist of enlarged mucous substance, to these the term mucous polypi is given. These are the most amenable to

treatment. The *fibrous polypus* is a dangerous and obstinate growth. It is not frequently met with, has none of the softness of the first variety, grows from the periostium, is opaque, reddish in color while in situ, being traversed with large vessels. When it projects back into the pharynx, the term naso-pharyngeal polypus is given it. It is often produced by pressure, caries of the ethmoid and spongy bones, inflammation of the brain, etc."

In December, 1893, I suffered a catarrhal attack of more than usual severity, which soon developed an inflammatory fever, attended by several shaking chills during its continuance; attended with more than the usual amount of irritation in the nasal cavities, bringing on frequent and violent paroxysms of sneezing.

During one of these attacks, of more than usual severity, a *firm*, *fibrous* polypus descended in each nostril, so as to be easily seen, and felt with the point of the finger, and the violence done produced a bloody, watery discharge.

This occurred two days after the onset of the disease, all of which time I had taken Ferri-Phos. 12x trituration in oft repeated doses.

The bleeding kept up, and I made several unsuccessful attempts to extract them with forceps, but the pain resulting was so great that I was compelled to desist.

Ferri-Phos. was continued four days, and by this time the fever and chills were subdued; and Kali muriaticum, 12x trit. was substituted in 3-grain doses every four hours, and in six days more there was no polypi to be seen in either nostril, since which time I have been able to breathe comfortably through the nose, which I had not been able to do for years; and the faculty of smell has been restored and as acute as ever; and a dull, stupid headache that has long afflicted me is relieved.

Six years ago, a polypus of a mucous character was discovered in the right nostril, which was cured in a few weeks by one dose of Calcarea Phosph. cm., and in two years more another was discovered and cured by the same remedy, one dose of the same attenuation.

This remedy has, in my practice, cured two uterine polypi; one of the ladies had twice submitted to the use of forceps for its removal.

CENTRALIA, ILL. J. A. WAKEMAN, M. D.

EDITORIALS

It is natural at the close of a year for one to look back over the work of the past, seeking for the verification of anticipated hopes, discovering the results of mistaken judgment, and from the experiences of the past to lay new plans for the future. One year ago we crossed the threshold of the domain of medical journalism. Our previous experience had done little to prepare us for the trials and uncertainties that lay before us. In the past we had been only one of the many readers of the Medical Advance; we read its pages, commending or criticising, with little thought of the cares and anxieties of the one at the helm. The likes and dislikes of the readers of the journal were unknown to us. Circumstances compelled us to outline a future upon a purely theoretical basis, and the experience of the last year has brought into prominence both the strong and the weak points of the same. It would be very strange if this experience did not better fit us for anticipating the need for the future, and less excuse would there be for repeating the mistakes of the past. For the coming year, the field to be covered by the Medical Advance will be much broader than heretofore; there has been too little variety in the contributions, and the arrangement of the same, to make the journal interesting, and at the same time profitable to the superficial reader. To obviate this difficulty, the departments of surgery and general medical news items will receive considerable attention, while there will be no deviation from the triune principles of *simplex, similia and minimum.* Striving earnestly not only to merit, but to win the approbation of all the old readers and a host of new adherents, we leave the journal in your hands.

* * *

During the closing weeks of the old year, the management of the Advance was able to feel the pulse of their constituents, and to gauge the policy of the journal to meet their requirements. The following postal shows how utterly we

have failed to satisfy the longings of at least one anxious heart: "Please discontinue the MEDICAL ADVANCE to my address, and oblige. I can't spare the time to read it. It's too thin. I know the most of the writers too well, and know that they are not reliable. Respectfully yours."

* * *

HEREWITH enclosed you will find a brief article for the ADVANCE, if deemed suitable for its columns. I have derived so much benefit from your journal, especially for the past year, that I feel impelled to contribute my mite to its pages.

You are doing a grand work for Homœopathy and well does the journal deserve its title of the ADVANCE, for it leads all other periodicals in its every day usefulness to the working practitioner. The fruits of your success you may never realize personally, but it exists, nevertheless, and I trust many will be ready to acknowledge their indebtedness to you.

I believe that the majority of the homœopathic practitioners who do not follow the strict rule of the Organon, err, more through ignorance than willfulness, an error of the mind, not of the heart. If some means could be found to instruct these at their homes and offices, in the methods of taking the case, and of hunting for and selecting the simillimum, it would greatly redound to the benefit and credit of Homœopathy.

If a society for this purpose could be formed, copied somewhat on the lines of the *Chautauqua*, under the control and supervision of an able periodical like the ADVANCE, or of a faculty like that of the Hering College, I believe it would receive a hearty support from the profession throughout the United States, and ultimately prove of the greatest utility to the school at large, and to the prescriber in particular.

Fraternally yours. JOHN BENSON.

* * *

THE following letter is printed because it shows the tendency of some of our homœopathic colleagues to substitute for the safe and sure principles laid down by Hahnemann, the unscientific, irrational procedures of the school which denies the existence of any therapeutic law of cure. The name of the professor and the date upon which he gave his lecture, is

in our possession. It needs no further comment at our hands: "Dear Doctor: I am almost sure of what you will say about it, but nevertheless allow me to give you part of ———'s treatment on diphtheria today. 'Gentleman: Having completed the pathology, let me today give you the treatment of diphtheria. In the first place allow me to enforce upon you the absolute necessity of *local* treatment. I say absolute necessity, because I have seen it proven time and time again. Begin early and never forget it. My favorite preparation, and one that has met with approval by the *leading* men of the profession is, Triturate 1 ʒ of sugar of milk and 1 gr. of Permanganate of Potash with 7 ʒ of powdered Gum of Cassia. Blow this well over the surface after having thoroughly cleansed it with Peroxide of Hydrogen. If in the nasal cavities, pack them full of it. In mild cases, besides this local treatment, my main stand-by is:

10 grs. Biniodide of Mercury.
10 grs. Iodide of Potash.
1 oz. Alcohol.
Filter. Dose—2 or 3 drops every 3 or 4 hours.

'More aggravated cases require more *heroic* treatment. In such cases use: Cyanide of Potassium, 2x Trit., 1 gr. every 1, 2, or 3 hours. Some use Cyanide of Mercury, but I prefer the other.'

"Then he recommends remedies in the order that I write them: Bell. Merc. cor.; Rhus.; Canth.; Kali. bi.; Kali. carb.; Apis; Lach. On these last he never mentions more than one symptom. At the conclusion he said: 'But, gentlemen, whatever remedy you select, never forget the local treatment.'

"Only last week, in a lecture on yellow fever, he gave us first the alternation of Acon. and Bell. I don't know much, but I know enough to have better sense than that. Is not one a direct antidote of the other?

"I think that such a man is a disgrace, and it becomes us all to see that there be no such men in a college that is called a *Hahnemann College.*"

* * *

THE question of vaccination is, perhaps, the most prevalent of any being asked at the present time. Extracts from an

interview with Prof. H. C. Allen of Chicago, an address by Dr. Clarke of Indianapolis, Ind., and a letter from Dr. Fincke of Brooklyn, N. Y., pretty thoroughly covers the ground held by the anti-vaccinationists. These will undoubtedly be read with interest and with profit by those who desire to know of the status of the question in this country.

IN MEMORIAM.

SAMUEL SWAN, M. D., died Oct. 17, 1893, in the 80th year of his age. About three years ago he began a series of experiments with some kind of Japanese varnish, and while engaged in preparing the potencies of the substance he was severely poisoned, from which he never fully recovered. He was confined to his bed for about six weeks with a severe bronchial cough, under which he gradually sank. He died without suffering, in the same peaceful way in which he lived. One of his intimate professional friends bears this testimony to his sterling worth, both personal and professional:

Dr. Swan was born July 4, 1814, in Medford, Mass. In the early part of his life he was engaged in the mercantile business, and some time in the fifties went to Montgomery, Ala., to live, on account of his health; here he made a fortune, and made his first experiments with medicine. Dr. Swan's uncle was one of the first homœopathic physicians who settled in New England, if not the first, and the young man was always more or less interested in homœopathy and took with him a case of homœopathic medicines to his new home in the south. Just before the outbreak of the rebellion an epidemic of yellow fever drove all of the Montgomery doctors out of the city, with the exception of one homœopath, who, with the assistance of Dr. Swan, treated with remarkable success a large number of patients. This interested the doctor so much in medicine that he resolved to come north, take a regular course, and graduate, which he did in 1866, in Philadelphia. Dr. Swan at this time was intimately associated for two or three years with Dr. Henry M. Guernsey, and, after graduating, came to New York, and was associated with Dr. Edward Bayard for five years, and was engaged in the practice of medicine in New York from 1866 to the present time, 27 years. Until within the last few years he had a very large and high-class practice. His enthusiasm for nosodes and the extreme high potencies separated him more or less from some of our profession, still I doubt if any physician in New York has ever been regarded by his professional brethren with warmer feelings of regard than Dr. Swan. He leaves behind him a host of friends and patients to lament his kindly, genial

ways. The marked trait of Dr. Swan's character was his great generosity; whatever was his, was his friends'. He was absolutely without suspicion; a very hard worker; he always did his best, and believed that every other man did the same. With a single exception I have never heard him speak unkindly of any one, or speak of any one, with this exception, as ever having done him an intentional harm. Dr. Swan leaves a widow and two grown-up children.

Though I did not agree with the doctor in many of his ideas regarding the action of nosodes, I remember him with profound gratitude, both professional and personal. I think it would be difficult to estimate, at the present moment, his enormous usefulness.

By many members of the homœopathic profession, who appear to be satisfied with a routine method of practice, and take their highest inspiration from the *ipsi dixit* of some shining lights, Dr. Swan was regarded as a crank on high potencies and nosodes. But Dr. Swan was not understood. He was continually experimenting, endeavoring in his way to improve the practice of homœopathy, to enlighten some of the darkness of his professional brethren, and to cure some of the diseases now universally considered incurable. In this, like Hahnemann, he builded wiser than he knew. Like Hahnemann, he was at least half a century in advance of the majority of his homœopathic brethren. Few men in our school had so thoroughly mastered the Organon and Chronic Diseases as Dr. Swan, and few knew better than he how to apply their principles in the cure of the sick. Much of his teaching appeared new and strange to the majority, because to the majority the principles and teachings of the master were new and practically unknown. He discovered and prepared Tuberculinum, so that it could be safely and successfully used in the cure of the sick twenty years before Koch ever dreamed of it. It has saved many valuable lives, and will save many more in the future. In this devotion to principle and singleness of purpose, like Hahnemann, Hering, Galileo, Columbus, Harvey, and many others, he was an enthusiast. But every homœopath should rejoice that the profession has had such enthusiasts. We are reaping the harvest their zeal and industry and courage have sown.

JOHN C. ROBERT.—At the regular monthly meeting of the New York Homœopathic Union, held at 53 West 45th street,

New York, November 16, 1893, the president, Edmund Carleton, M. D., in the chair, announcement was made of the death of John C. Robert, M. D., at New Utrecht, N. Y., on the 12th instant.

After remarks by members upon the character and services of the deceased, the following resolutions were offered by B. Fincke, M. D., seconded, and by vote, unanimously adopted.

WHEREAS, it has pleased God to remove from us Dr. John C. Robert, of New Utrecht, a graduate of Bellevue Hospital College, member of the New York Homœopathic Union and of the International Hahnemannian Association;

Resolved, that by his death we have lost a true Hahnemannian homœopathician, who in his quiet, unassuming way contributed to the promotion of homœopathic science and art, by careful provings and successful practice;

Resolved, that we deem a public recognition due to his memory, in this behalf, and also on account of his philanthropic work among the sick and suffering lowly;

Resolved, that these resolutions be entered upon the minutes of the Union, and that copies be sent to his family and to the homœopathic journals.

(Signed) J. W. THOMPSON, M. D.,
Secretary, *pro tem.*

FRANK A. GUSHEE, M. D.—In the November number of the ADVANCE is a case by Dr. Gushee. I was so pleased with it that I wrote him a complimentary note, only to receive a dictated reply thanking me and saying that he was dying; having brought health and spirtual life to another, he was called upon to yield his own—alas! He passed away December 20, 1893.

Dr. Gushee was born in Appleton, Maine, where he died, September 24, 1842; at the age of eighteen he enlisted, taking part in the first battle of Bull Run; later as a member of the 6th Massachusetts battery, he was wounded in the head and never fully recovered from it; he graduated from Hahnemann Medical College, Philadelphia, and carried out the principles of Homœopathy fully; his practice covered a large circuit and was often in consultation with allopathic physicians in preference to those of their own school. In sickness he was no respecter of persons, all receiving his best efforts;

his religious belief was that there was no higher worship of God than service to man; his cheery presence will be much missed.

In his letter the doctor said: "I am relying on nutrient enemata *and the indicated remedy.* What he preached to his patients, that he died by. The cause of death was malignant disease of the stomach. He leaves an aged mother, a wife, and three children. C. B. G.

PERSONALS.

We are pleased to announce that Dr. G. H. Anderson, of Seneca, Kansas, has been elected coroner at the recent election in his county. Whether the fight was a personal one or not, we are glad to place on record every public recognition of those who practice the law of cure.

Dr. J. E. Lilienthal has been appointed Professor of Pædology in the Hahnemann Hospital College of San Francisco. This is an excellent selection, and cannot fail to strengthen the cause of Homœopathy on the coast.

Miss Ada Bartholomew will be known in the future as Mrs. George Ehrman. The date of the doctor's marriage was December 27th, and his home will be in Cincinnati. The best wishes of the MEDICAL ADVANCE go with the new family.

Dr. W. A. Noble has recently removed from Suspension Bridge to Hornellsville, N. Y., and may be found at 22 Center St., when not otherwise engaged.

Dr. J. W. Light, of Kingman, Kansas, has formed a partnership with Dr. J. H. Hoag, of Indianapolis, Ind., and opened up an office in Columbus, Ind. Success to the new firm.

We learn from the *Medical Century* that Dr. T. F. Allen, late Dean of the New York Homœopathic Medical College, has been appointed a member of the Board of Trustees of the Middletown, N. Y., Homœopathic Hospital for the Insane. A better appointment could not have been made, and it will be a matter of great satisfaction to the profession to know

that so able a man as Dr. Allen has succeeded to the place heretofore occupied by Dr. Egbert Guernsey, whose lack of loyalty has been so pronounced in recent years.

Dr. C. C. Wiggins, formerly of St. Anegar, can now be found in Osage, Iowa.

Dr. Anna Lee, a graduate of Hahnemann in '93, has opened up an office at corner of 43d street and Oakenwald avenue, Chicago. May peace and prosperity go with the doctor in her new location.

We call attention to the name of Dr. A. W. Holcombe of Kokomo, Indiana, a graduate from the first class of Hering Medical College. The doctor is associated with Prof. E. W. Sawyer, now of Chicago, and the profession may expect to see the fruits of a rich experience in this young man's life. He will give to the readers of the ADVANCE, in the near future, an exceedingly valuable repertory of peculiar symptoms, every one of which will be of value in that the patient, or the prover, compares his sensations to some tangible substance, *i. e.*, "As if red-hot needles were in the chest; as if a plate of iron were nearly in contact with the face; as if a nail were driven into the vertex," etc.

Dr. F. W. Rich, 7012 Webster avenue, Chicago, has removed to Riverside, a suburb of Chicago, and entered into partnership with Dr. Isabella Hotchkiss.

Prof. W. L. Reed's new address is 4201 West Belle Place St. Louis, Mo.

Dr. J. H. Bowers, of St. Peter, Minn., writes that that city offers one of the most desirable fields for a thorough homœopathic physician that he knows of. He moves from that place to Riceville, Iowa, and wishes the MEDICAL ADVANCE to follow him to his new home.

We notice that the University of Minnesota has extended the course of study in her medical department from three to four years, each course consisting of about nine months; the new law to take effect in 1895.

As showing the trend of colleges, we notice in this connec-

tion that the faculty of Jefferson Medical College of Philadelphia, have unanimously resolved to institute a compulsory four years' course, beginning with the session of 1895. The same requirements for graduation will apply to all students in Hering Medical College as soon as the buildings for their college and hospital are completed, and they are prepared to devote the senior year entirely to clinical work.

Dr. E. E. Reininger, Professor of Homœopathics in Hering Medical College, has been appointed a member of the staff of Cook County Hospital of Chicago. The news of this appointment will be read by many with great pleasure.

BOOK REVIEWS.

An American Text Book of Gynecology.

This candidate for professional favor comes from the well known house of W. B. Saunders, Philadelphia. Its "make-up" is admirable. The type is clear, paper good, and the text so fully illustrated that much of the descriptive part which proves so cumbersome and difficult to understand in other text books seems almost unnecessary. The publishers certainly have shown themselves worthy of the highest consideration at the hands of the profession at large. Naturally one would expect to find valuable information within the covers of so attractive a book, and in this particular their expectations will be more than realized; and the American Text Book of Gynecology will undoubtedly take the same place in its especial field that the American Text Book of Surgery has won for itself in the domain for which it is designed. Particular attention is called to the technique and after-treatment, by which the practitioner will be able to determine for himself the exact procedure now adopted by the leading gynecologists of this country. Nothing of importance seems to have been taken for granted, but on the contrary, has been clearly defined, both in the text and in the parts illustrating the different stages in each new or important operation. We cannot agree with the different contributors to this valuable work in reference to the treatment after the operation, and do know that many of the operations are being made unnecessary by

by the strict application of the law of cure given us by our master of therapeutics, Samuel Hahnemann; but even the physician who cares little for surgery will find much of value and interest in this book to make it a very profitable investment. There are 38 half tone and colored plates, and 360 illustrations. The book is sold only by subscription, and will cost from $6.00 to $8.00, according to the style of binding.

Outlines of Obstetrics. W. B. Saunders, Philadelphia.

This work of 264 pages is a syllabus of lectures delivered by Prof. Charles Jewett, in the Long Island College Hospital, and is intended as an aid to the study of obstetrics during the college course. Beyond the physiological and pathological outlines there is very little in this work to commend itself to the consideration of the physician or student who would make or sustain a reputation as an obstetrician. In the first place, Dr. Jewett fails to recognize the valuable aid given to the observing physician during the period of gestation in recognizing diseased tendencies of the prospective mother, and the importance of preparing the new arrival for the untried realities of life; or, if he does appreciate the value of this period, he fails to impress its importance upon those who listen to him. The preparation made for the management of labor is upon the ante-septic, instead of the greatly to be preferred aseptic basis.

Essentials of the Practice of Medicine. Henry Morris. W. B. Saunders, Philadelphia.

In 1890 the first edition of this manual was printed. The fact that it is now in its third edition is sufficient guarantee of its real worth and of its popularity, and it needs no comments from us aside from a statement of its general scope for information. It appears as a double number in the series of question compends published by W. B. Saunders, and it combines the simplest, and at the same time the most comprehensive outline of the practice of medicine known to the reviewer. We might not agree with the author in his consideration of the causes for certain pathological conditions, but there is so much that is exceedingly desirable that we take great pleasure in commending the work to the stu-

dent or the busy practitioner who would have a small book handy for ready reference. In the back of the book are to be found sixty-three pages devoted to a chemical and microscopical examination of the urine, for clinical purposes, that is of great value; so, taking it all in all, it forms one of the most profitable of this series of question compends. The price of this valuable little work is $2.00, and it can be found in most of the larger book stores.

Post-mortem Technique. Ludwig Hektoen, M.D. Prof. of Pathological Anatomy in the College of Physicians and Surgeons, of Chicago.

The profession at large, and especially those members of the profession who are not thoroughly familiar with all the steps necessary for a thorough examination of a body after death, will appreciate the value of this little book on the technique of the post-mortem examination. There is no question but that our knowledge of pathological conditions would be greatly enhanced if every physician had sufficient knowledge to enable him to reach some conclusion in the post-mortem examination of those who have died from unknown causes; and there is no question but what many physicians would make more frequent examinations did they feel that their knowledge would enable them to perform the same in a scientific manner, and to reach conclusions that would add to the knowledge of the world in reference to the subject under consideration. This little work of 172 pages gives the information necessary for a thorough and scientific consideration of the various appearances and the diagnostic value of the pathological changes. There is not a page in the book that is not interesting, and, taken together, it gives sufficient information upon a subject of great practical value to every conscientious physician. This work is published by the W. T. Keener Company, and is sold for $1.75.

Transactions of the 43d Annual Meeting of the Illinois State Medical Society.

We are under obligation to Dr. John B. Hamilton, president and secretary, for a copy of the transactions of their last annual meeting, held in Chicago, May 16, 17 and 18. Some valuable papers were read at this meeting, and

the contents of the book make a very creditable showing for this aggressive society.

The English Humorists of the XVIIIth Century.

There is not a reader of THE MEDICAL ADVANCE who has not a favorite author in almost every department of literature. In some, this enjoyment of the books written by the author is without any knowledge or appreciation of the personal character of the writer, or the environment with which he or she was surrounded during the inception and completion of that which is in favor with the public; while others seek for the master-mind controlling the movements of the different characters. To no man do we owe a deeper debt of gratitude for keenness of perception, depth of penetration, and ability to read character as an open book, and picture the same in language both comprehensive and fascinating, than William Makepeace Thackeray. In none of his works has he shown his skill to better advantage than in the English Humorists of the Eighteenth Century, where he has drawn living pictures of Swift, Congreve, Addison, Steele, Prior, Gay, Pope, Goldsmith and others of that day. It is a book that has been read and re-read for years, only to be taken up again and read with greater interest because of its great worth. A. C. McClurg & Co. of Chicago have issued this work in a neat book of nearly 300 pages, which they sell for $1.

How to Use The Forceps; with an introductory account of the female pelvis and of the mechanism of labor. Henry G. Landis, A. M., M. D. The second edition revised and enlarged by Charles H. Bushong, New York.

Ignorance of the mechanism of labor, and a lack of knowledge concerning the proper use of the forceps, has wrought a vast amount of suffering in the world. The generous appreciation given by the profession to the first edition of Dr. Landis' book, with the omissions so frequently found in the first edition of any book, led Dr. Bushong to revise and enlarge the second edition. A faithful study of this book will show a radical differing from other authorities in many respects, and these opinions have been well supported by experience, and are worthy the thorough investigation of every obstetrician. Cases giving a

practical illustration of the theories presented in the body of the book, will be found in part third. The work is commended for the many valuable suggestions to be found within its pages.

A Clinical Text-Book of Medical Diagnosis, for Physicians and Students, based on the most recent methods of examination. By Oswald Vierordt, M. D., Prof. of Medicine at the University of Heidelberg, etc. etc. Authorized Translation, with Additions, by Francis H. Stuart, A. M., M. D., Fellow of the N. Y. Academy of Medicine, etc., etc. Third revised edition, with 178 illustrations, many of which are in colors. W. B. Saunders, Philadelphia, publisher. Price, $4.00, $5.00 and $5.50.

It may be conceded that for thoroughness of investigation, our German friends are best adapted by nature and training, and we naturally look to them for the foundations upon which we are to build our structure of medical practice. The first edition of this work was printed in the latter part of 1888, and so favorably was it received that the author was compelled to issue a second edition in the summer of 1889, with many additions and improvements, and the third edition follows the second within the space of a few months. The English edition was authorized in 1891, and Dr. Stuart has been actively engaged upon it ever since. This work does not occupy the same field with that of DaCosta and others of similar nature, but prepares the investigator for the conclusions reached in the works on special pathology in common use in this country. We most earnestly commend the book to every student who cares to become thoroughly familiar with the art of diagnosis.

Two Bites at a Cherry, and other stories. T. B. Aldrich. Houghton, Mifflin & Co.

From the pen of Thomas Bailey Aldrich comes a little volume of sketches which it seems to us brings almost the same pleasure as that experienced from a gay conversation with a friend, or of some bright music played in perfect tune and time. The subtle, polished humor in the "Tales of Goliath," and "My Cousin, the Colonel," reminds us strongly of those princes of humor, George William Curtis and Oliver Wendell Holmes. We recommend this bright little book to our readers.

THE

Medical Advance

A HOMŒOPATHIC MAGAZINE.

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MATERIA MEDICA.

THE RELATION OF THE HOMEOPATHIC MATERIA MEDICA TO PHYSIOLOGY.

BY A. C. COWPERTHWAITE, M. D.

Prof. Materia Medica and Therapeutics in Chicago Homeopathic College.

Ever since the time Hahnemann first promulgated the law of cure and established the necessity for a more systematic study of drug action, there has been more or less difference of opinion as to the value of the physiological action of remedies in their relation to therapeutics.

When Hahnemann first undertook the proving of drugs according to his new theories of therapeutics he discarded all that had gone before and abolished from his mind so far as possible all speculative theories. He believed that symptoms was the language and the only language of disease and that symptoms was also the language and the only language of drug action; he therefore did not attempt to unravel the mysteries of drug action or unfold the physiological effects that each drug might be construed to have upon the human system. He saw only the symptoms and to him these were all that were necessary for a thorough study of the drug pathogenesis. However, if we read between the lines we can see here and there positive evidence that his fertile mind went beyond the mere language of symptomatology and that with a vision more clear than allowed to most mortals he penetrated the mysteries of drug pathogenesis and carried in his mind with the symptomatology

of the drug the real effect that it had upon the functions and organs of the body. However, he never allowed this knowledge which he possessed to become manifest in any other way than by more closely regarding the symptoms that he obtained from drug provings. He argued, and very rightly, that the moment one attempted to establish the action of the drug from its supposedly physiological effects he was entering upon a labyrinth of mystery which it would be difficult to unravel and which would give rise to various conflicting ideas and theories. At the same time there were those who, while affiliating with Hahnemann in his new work, accepting the new law of cure and the theory of drug provings, nevertheless were inclined to the belief that a more thorough knowledge of the effects of drugs upon the organism should be established than that which came through the symptoms caused by the drug.

When we read the results of the efforts of these men we are at once struck with the fact that scarcely two of them agreed upon the character of the effects established by a certain drug or the process by which these effects were brought about. Take for instance the well known case of tartar emetic; the modus operandi became a matter of importance based upon the possibility or capability of its producing certain prominent physiological effects. or in other words pathological alterations in the tissues, more especially the lungs and mucous membranes and perhaps some portions of the nervous system. Hahnemann practically ignored these possible changes in tissue and depended entirely upon the symptoms which provers recorded. Other physicians, not so inclined, endeavored to illustrate the action of tarter emetic in various ways and so many experiments were made by them voluntarily and involuntarily upon man and beast, but it must be confessed that up to the present time nothing very definite has been brought to light.

Dr. Lobethall sought the modus operandi of tartar emetic in its power to produce an increased fluidity of the blood, more especially in the capillary vessels of the mucous membranes, having for its necessary consequence exudation, which he appeared to assume as its primary action. The action upon the nervous system—spasm and torpor—being secondary.

Dr. Kurtz on the other hand found the explanation of the action of tartar emetic in its power to promote the retrograde

metamorphosis of the blood, diminishing the number of red corpuscles and albumen in the blood and eliminating them from the system through vomiting, increased secretion of bile, diarrhœa and perspiration.

According to Dr. Riel, tartar emetic diminishes in the urine somewhat the sum of the solids (the urea and salts). The elimination of carbonic acid increases the number of respirations which increase or diminish in depth, the pulse becomes slower and soon the metamorphosis of the blood, especially of the blood globules is increased. Thus will be noted the wide theories as to the effects of this drug upon the system by these distinguished observers, and the same holds true of all other drugs to a greater or lesser extent.

In the case of tartar emetic, Dr. Magendie sought to establish the physiological effects of the drug in a way that could not be gainsaid, so he injected a solution of tartar emetic into the veins of some dogs ; they died, were examined and their lungs were found in a state similar to that called hepatization; therefore he assumed that tartar emetic was the remedy in all cases of hepatization of the lungs, in other words it was a specific in such states. This is the legitimate result of depending upon the study of the physiological effects of a drug. It leads and necessarily leads to the pathologizing of remedies. The absurdity of the conclusions of Magendie have long since been established, but no more so than have similar absurdities in connection with the same method of studying other drugs. It has long since been known and repeatedly verified, that tartar emetic is only exceptionally a remedy in hepatization of the lungs and then only when we have present the symptoms that have been produced by tartar emetic in the human system :—the well rattling of mucous in the chest, nausea, etc., etc., which it is not necessary for us to dwell upon in detail. In this connection there is no doubt but that an inquiry into the physiological action of the remedies—in other words—transposition of its aggregate symptoms into one harmonious whole is of great importance and would be of much greater importance were our present knowledge of remedial actions perfect. Every one, whether he follows symptomatic indications or not, endeavors to mark out his remedies in accordance with the physiological light he possesses. If this were not true why should the

Hahnemanian call for the provers books, why should he be continually studying the succession of symptoms, why read the original provings at all if it be not to get an understanding, not only of the connection of the different symptoms but in order to grasp the whole of the proving at one single bird's eye view for by so doing he can connect, contrast and compare just as each appears and by this remember whatever of the proving he may deem most useful and can recall in the time of need that which he most wishes to know. Yet, it is very evident that individual knowledge, theories, opinions etc., have much to do with this method of drug study and sometimes even the most untenable theories may serve a good purpose. With Dr. Kurtz, the tissue change is, in his mind, the explanation of tartar emetic, and some one else will hold to the theory of its action upon the pneumogastric. It is to both a matter of opinion and of such knowledge as is within their individual ken. Saying this does not deny the necessity of studying drugs from a physiological standpoint nor does it for one moment entertain the idea that there is no true relation existing between the homeopathic materia medica and physiology; on the contrary it is self evident hat the nearer the naturally lawful explanation of the phenomena produced by a drug is at hand, the easier and more perfectly must it cover the whole of these phenomena, and it also shows that just so long as the whole of such phenomena, cannot be covered by our physiological knowledge just so long are we in the region of doubt and have no right to demand that every one shall accept any theory that we may individually maintain.

It is a fact that as yet there is not one single remedy in our whole materia medica whose physiological action is thoroughly understood, and this being the case it becomes at once apparent that we cannot base our knowledge of drug action upon that which we do not know, or at least know very imperfectly. Then too, as intimated, the study of the physiological effects of the drug to the entire disregard of individual symptoms necessarily leads to the pathologizing of our materia medica. Thus, when one studies the action of a drug only from the effects which he finds or supposes that he finds it to produce upon the tissues and organs he naturally concludes, as Magendie did in the case of tartar emetic, that when we find those alter-

ations of tissue present in a manner similar to that which we supposed to be accomplished by the drug under consideration, that such drug is the remedy regardless of any individual symptoms. This leads to specific methods and were specific methods once established everything pertaining to the pathogenesis which does not fall within the magic circle of this established specific drug action is thrown away and cannot be considered of any more account; once a remedy becomes a specific and we have the gauge and the scissors wherewith to trim *secundum artum*.

I do not hesitate to assert that whenever a remedy has been received as a specific in the sense which I have just mentioned, it has proved a curse both to the remedy and the physician as well. It is simply an impossibility for the action of any one remedy to be brought into any one recognized physiological or pathological process, at least in our day and with our imperfect knowledge of drug action. The continued study of drug action upon this basis may give us eventually so perfect a knowledge of drug pathogenesy and disease pathology, if I may use such a term, that we may be able to establish a system of therapeutics based upon the physiological action of drugs. That time has not yet come and it is very probably in the far distant future.

It is a fact that we may take any well known remedy in our materia medica and set down all the well authenticated cures made by it, and also take away our pathological process and set down all of the remedies which have ever been known to be beneficial, and when we come to compare one with the other we shall find that in every instance the remedy in its curative action falls in very many different pathological directions, and with every pathological state will it be found that the helpful remedy also falls in very many directions amongst medicinal agents. From these facts we make the legitimate deduction that our present knowledge of the physiological action of drugs and our present knowledge of pathology is not and can never be a guide to the administration of remedies. Cavil as we may, it is an undoubted fact that is becoming more and more apparent every day, that we cannot understand the action of a drug from any other standpoint than that of its individual symptomatology. We may theorize to our heart's content as to the

conditions which give rise to the symptomatology; it is perhaps eminently proper that we should do so, but when it comes to the application of the drug itself we should not allow any theory that we may hold to stand against the indications that may be given by pure symptomatology. At the same time the rule holds good here as elsewhere in the study of the various branches of medicine, that is—while extremes are sometimes useful in leading us to the consideration of effects, nevertheless they are seldom a safe guide in the study of either disease or drug action.

Take the so-called Hahnemanians of today who ignore physiology and pathology in their study and we find them continually making the most extravagant and ludicrous mistakes in their treatment of diseases, mistakes that might be avoided by a very simple knowledge of the two important sciences which they leave entirely out of the question. On the other hand we have a class of men who claim for themselves the title of homeopathic physicians, but who have no knowledge whatever of symptomatology and never studied their materia medica, but go upon the assumption that they possess a perfect knowledge of the physiological effects of drugs and of pathological effects in disease, and so we find them prescribing certain drugs for certain conditions under any and all circumstances regardless of the symptomatology, or indeed regardless of any scientific ideas whatsoever, only those relating to the pathological effects of the drug itself. It is very evident that such physicians are liable to err; that there is not one who does not make a mistake at times in his supposed knowledge of pathological states, and it is also true that he is just as liable to make a mistake in his supposed knowledge of the physiological effects of the drug. He therefore stands upon uncertain ground and is neither scientific nor safe in his methods of practice.

We conclude, therefore, that the physiological effects of a drug must ever be, so far as known, the scientific basis of our knowledge of drug action, and we should lend every energy to increase this knowledge, and at the same time we should realize how weak and lame we are in this direction before accepting as a fact that which almost every physician has established as unsatisfactory if he has given the matter any thought at all. This is why the theory expounded by Hahnemann in the early

days of drug study holds equally good to-day—that symptomatology is the only safe language of drug action, wherein we are never liable to err and upon which we can at all times depend. Believing the principle that the one who closely follows the symptomatology of the drug with a mind not narrowed by prejudice nor overcome by slothful habits shall more nearly arrive at the true solution of the physiological effects of the drug than he can possibly do by any of the modern methods which so-called scientists have adopted. Therefore do not ignore the very important relation that exists between the homeopathic materia medica and physiology, but at the same time do not allow that relationship to become so great as to blind you to the true and only scientific method of drug study—Symptomatology.

THE STUDY OF THE MATERIA MEDICA.

JOHN BENSON, M. D., COLFAX, WASH.

How best to pursue the study af the Materia Medica is a question not only pertinent to the professor and student at college, but above all, to the practitioner who is daily—yes hourly, confronted with conditions that severely tax his knowledge of this important branch of his profession, and upon which knowledge the life of his patient may often be dependent.

Professors and medical writers each recommend his own special method as the best, and each have the merit of some advantage, not possessed by others, of elucidating some point or system not made prominent in the others. But in the end I think it will be found that each one who studies alone in his library or office, frequently far distant from brotherly council or advice, will evolve a method peculiar to himself, and often more suitable to his own mentality and requirements than perhaps to others. Monroe's rhyming Memorizer will awake new thoughts in some, to whom Hahnemann and Hering had perhaps appealed in vain. In a different way Duncan's happy illustrations fixed many a symptom in the mind that were only fleeting before. And so Dunham, Guernsey, Cowperthwaite, Hughes, Hoyne, Jessen, Hale and many others have each presented the Materia Medica, illumined by their own special light, each materially different, yet much the same.

In thus writing out a work of this class, no one reaps more benefit from the result than does the author. It compels a careful analysis and comparison of the various remedies, a thorough training in the minutæ of the symptomatology is acquired, a more careful method of prescribing is induced, and the writer closes his task a far more able and thorough prescriber and physician then when the task was begun.

On a smaller scale we may all be authors. If not writing for the public benefit, let us, at least, write for our own private good; for it is only by so doing that we can lay a true, plumb and stable foundation of knowledge of the Materia Medica, upon which to erect the superstructure of our life's practice, and as is this foundation so will be the superstructure. If the one is thrown together incoherently, roughly and without system or order, the after methods of practice are apt to be the same, and the results unsatisfactory. But if we begin carefully, even if the beginning is but small, we can add and add, as life progresses, until we find at its close that we have built far better than at first conceived.

I expect all practitioners look back with more or less amusement upon their student days, especially of Materia Medica, and how hopeless all felt of obtaining a knowledge of the immense symptomatology, and of the many futile attempts made to acquire such knowledge. Well do I remember my own first experience in this line. I began with Hering's Condensed Materia Medica, and bravely starting at Abrotanum, I memorized its symptoms, by rote, in a couple of days. Then Absinthium was captured in turn. In triumph Acetic Acid was next attacked, and then—then trouble began. Deep in Acetic Acid, a doubt would rise in my mind whether "Troublesome Cough, Rheumatism," belonged to the first or the second remedy, and back would I have to turn the leaves to make sure of my position. After Acetic Acid was brought under control, for the life of me I could not remember which had the symptom "Horses kick with hind legs toward the belly;" and what was worse, I deemed it wholly irrelevant, for was I not studying to be an M. D., and had not the remotest idea of becoming a V. S. But in Aconitum I became irretrievably swamped, the symptoms of the different remedies became a hopeless jumble, the muddled thoughts worse and worse confounded, chaos

ruled, and as I turned the leaves to Zinziber, and reflected that this was only a *condensed* Materia Medica, that back of it loomed the ten ponderous tomes of Allen, my Homoeopathic soul sank in dismay and despair, and I closed the volume with the thought that the Materia Medica was by far too intricate and complicated for ordinary minds to unravel.

After an interval of rest, I then swung to the opposite extreme and devoted my attention to the Key Notes. Eureka! what a fool was I to try to memorize all the symptoms of a remedy, when all that was necessary was to learn one or two prominent key notes, and presto the entire symptomatology was your obedient servant for evermore. Verily learning the Materia Medica is but child's play, a veritable mental and medical picnic combined. It was so easy, that like Alexander, I longed for more worlds to conquer.

But after a while I found that however simple in the abstract, yet upon reducing it to practice it was not always so easy to fit the remedy to the patient, who would often have a disagreeable habit of imparting many more key notes than could be conveniently made use of at the time. Often while the patient would be detailing his symptoms, my mind would be playing a running accompaniment, something like as follows: Doctor, I have a bad headache, (*Ah! that's Bell*), and have such a bad taste in my mouth, (*that's Puls,*) and my tongue has a white coating, (*that's Ant crud,*) my bowels are very costive, (*Oh! it's Nux that he needs,*) and I ache so all over, (*Now that is Arn. or Gels., which is it?*) and I feel so weak and tired (*where in the name of Hahnemann have I seen that symptom?*) and so on ad nausum. But my last mental ejaculation would always be, as I scratched my head to arouse cerebral circulation, *now, what in the dickens shall I give the fellow any way?*

A few experiences like this taught me the key-note path was not all strewn with roses, but that thorns were about equally as abundant, and that it could not always be relied upon to infallibly indicate the Similmium. How I longed to tread the unknown royal road to Materia Medica lore that others apparently trod with so much ease, and for years I turned this way and that way, seeking it in vain. Lured first by one author then by another, finding kernels of knowledge in all, I finally

realized that although the royal road was non-existing, yet all the time I had been traveling in the right direction, if not always by the easiest conveyances. That no short cuts across lots existed, each step forward had to be taken by itself, but that as one advanced, the horizon broadened more and more, knowledge increased, and with it the capacity of learning also. Under the kindly instruction of a learned preceptor, comprehension arose where formerly chaos ruled, the beauties of the Materia Medica unfolded more and more to my gaze, and the conviction finally came that knowledge of the different remedies was only to be obtained by incessant study and comparison of symptoms.

As I have said before, teachers follow many and various methods, but upon analysis we find them based upon but one fundamental rule, and that is *comparison* by which all things are learned. The cooing infant readily learns to distinguish the respective voices of its father and mother, only through comparison of the two, and how speedily will an unknown voice be recognized by the little one.

Most of our friends possess in common hair, eyes, ears, nose, mouth, arms, legs, etc., characteristics of them all, but how readily we recognize one from another; each is known by some trait, some turn of features peculiarly his own, and like no other. In short, each one is stamped by his own individuality; and as in the human family so is it with the family medical. Each remedy must not only be recognized by the general form of its family or species, but from all others of the same group, by the minute shades of differences which marks its entity, and enables it to be distinguished from all others. As we know that our mothers, wives or sisters are different from other women, and yet are women, or as the learned forester distinguishes not only the various oaks, beeches and maples under his charge, but learns to know each individual tree by traits peculiar to that tree alone.

In order to obtain such a familiar knowledge of the remedies and be able to readily distinguish the characteristics of one from others, nowhere do I know of a better method by which the student can obtain a thorough working knowledge of the Materia Medica. than by the use of the immortal Bonninghausen's Therapeutic Pocket Book, and any one good work on Materia

Medica. If he has several all the better for comparison, but one will do. This knowledge will be gained through the use of what is the most important part, and yet the most neglected of the Pocket Book. The section of the *Relationship of Remedies.*

My custom is to take paper and pencil and the two books mentioned, opening Bonninghausen at the section of remedies, at whatever medicine I may wish to compare, we there find the remedy classified under the different heads of Mind, Locality, Glands, Sensation, etc., and under each head a list of remedies to be compared with the one under examination.

Suppose we want to compare the mind symptoms of Nux. Vom. with other medicines. Taking the Materia Medica I write out the symptomatology of the mind under Nux, and then taking each remedy mentioned in Bonninghausen, compare the symptoms with those of Nux, noting the shades of agreement and differences between the two, and between others that may be brought to mind by the similiarity of the symptoms. In a short time the student will be surprised to find how many remedies will be brought to mind by these comparisons and how much will be learned in this manner.

If the MEDICAL ADVANCE will kindly grant permission for a further demonstration of my premises in some future article, I will request the kind reader and student to accompany me in a trial study of this kind, and see if we do not arise better and wiser prescribers from our examination of the remedies as suggested by the Pocket Book. It may be a long, arduous, and perhaps to some a tedious study, but it is one that will bring its own reward in the greater skill by which these keenest of all edged tools may be handled, and in the increased health and consequent happiness of our patients; a sufficient reward that will amply repay the zealous student and prescriber.

DIAGNOSIS AND THERAPEUTICS OF EARACHE IN CHILDREN.

JOHN C. MORGAN, M. D., PHILADELPHIA, PA.

Profs. O. B. Gause and G. W. Strawbridge, of this city, have contributed, respectively, certain bits of practical information on this subject, which I have tested with satisfaction, many

times the former, in homeopathic drug-selection ; the latter, in palliation. Always, presupposing that wax, foreign bodies, etc, causing the otitis media, almost invariably existent, have been already eliminated. The drugs are but two in number, and the indications simple, viz :

If on the *right* side *Mecurius;*

If on the *left* side *Pulsatilla.*

To these, I have to offer from my own personal observation, the following :

In *Scarlatina maligna* of cerebral type, with stupor, sudden outcries, and, tendency to suppression of urine, in which Bellad, Stram, Apis, &c., fail, the *cause* of the outcries I have found to be *earache.* In this, *Gelsemium* 6^{x} has proved curative to the whole group of symptoms.

The *palliative treatment* of earache, in all ages, is perfectly compatible with pure homeopathy. It consists in alternating every half hour, moist and dry heat, locally. Firstly, hot water, tested by the knuckes of one not inured to it, is *poured* into the affected ear, the head lying upon a bed or table. The ear, &c, being then covered by a *hot* moist flannel, surmounted by a hot, dry one. Change the whole, if it becomes cool. Continue one half hour. Secondly, the hot, dry one, only—one half hour—and repeat—etc.

Frantic crying of infants and little children, apparently causeless at times, *may* be due to teething, or colic, or to brain disease ; but there is also a great chance, particularly after exposure, that it is due to *otitis.* The diagnosis should be made, promptly, by exclusion. *Gelsemium, Aconitum, Mercurius, Pulsatilla, Chamomilla, Belladonna,* etc., may be canvassed; and the hot applications above described may be used, if necessary ; but in very many cases one of the two specified drugs, *Merc. and Puls.* will suffice.

CASE—*Cubeba,* 15^{c} in *Ottorrhœa.*

This drug has proved curative, when the discharge, which was sero-sanguineous, in the main, had been "cured" some time previously, by local treatment with the peroxide of hydrogen. The relapse followed after a proving of *Hydriodic acid.* The latter also developed a litte wart upon the inner third of the right upper eyelid. The otorrhœa was attended

with perforation of the membrane tympani, with granulations looking very much like a polypus.

All of these objective symptoms disappeared after *Cubeba* 15c, followed by *Sac Lac:* under the critical observation of a distinguished, but skeptical aural specialist, who fully admitted the complete cicatrization of the lesion of the ear ; and this, with no local treatment whatever.

SANGUINARIA NITRITE.

GEO. P. HALE, M. D., MEMPHIS, TENN.

We cannot sometimes always tell
What to do for the loss of smell,
But this I am constrained to say.
'Tis well to search the remedy.

This I know from long hard study,
All drugs are poison to the human body.
But taken according to Hahnemann's law,
They make less disturbance in your maw.

So if you have a bad distemper,
Similia's laws are similibus curautur,
And medicines taken thus, I'm told,
Soon cure all symptoms of a cold.

Then call the doctor, and give him a tip
For stopping this everlasting drip.
He comes and says, "My law applies
To just such itching bloodshot eyes."

"Since me you've called this stormy night,
I'll give you a dose of Sang. Nitrite.
For in this disease, as the story goes,
We're oft compelled to wipe our nose.

This drug, I've heard, is oft the cure,
And routs distemper quick and sure,
It stops the scalding, burning sneezing,
And in your lungs asthmatic wheezing.

Then don't forget to give this herb,
For in hay fever it is superb,
And when the leaves of the Codex turning
You find water, itching, sneezing, burning,

Give it in powder of the leaves or root,
And I'm sure you will ne'er dispute
It's power these symptoms to efface
From this annoying stubborn case.

I usually give it in the 3x Trit,
Sometimes tincture, sometimes tablet,
But whatever the dose, be it large or small,
'Twill remove the coryza, headache and all.

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*DRUGS AND DRUG PROVING.

THOS. J. GRAY, M. D.

Professor of Nervous Diseases, Hering Medical College.

Any material substance becomes a drug or medicine when its effects upon the human organism have been made a matter of observation and record. Owing to the infinity of forms which matter assumes and the equally limitless details of personal experience and contact with the material world, it is a task of great difficulty to isolate the particular substance and the individual person from the forms and events that fill up the space and time environment of the observer or prover. A given substance is taken by the prover under the condition of relation to all of the influences and affections that in any wise modify or control his life forces. One prover has eaten a "dinner of herbs," another has partaken of the "stalled ox;" each undertakes to prove *carbo veg* or *nux vomica*. Evidently the "spirit like dyna mis" of the drug finds in the two provers very diverse forms of vital function. And this diversity, be it observed, exists prior to the attempt to prove the drug, and must form a different ground in the two cases.

Further it may be remarked that a given drug differs more or less in different specimens. The fact that the specimens are two or more, and not one, establishes this conclusion. Each specimen is the result of all of the forces that have combined to find expression in its particular form and nature. For, if we regard matter as the manifestation of force, a view that seems to me to be necessary to a belief in the homeopathic law, a given body or substance is the resultant of all the dynamic agencies which at any particular moment of time and in any place unite to manifest or externalize themselves. A suggestion of this is seen in the familiar problem of the "composition of forces" found inp hysics. Two or more forces, equal or unequal, acting upon a body at the same instant produce a single effect of determinate direction and intensity proportionate to the direction and intensity of the components. This final force, or

*Read before the Materia Medica Club of Chicago.

resultant, will vary upon the most infinitesimal variation of either of the component forces. In an analogous way the united action an reaction of adhesion, cohesion, gravitation, electricity, magnetism, heat, light, chemism and, at times, vital force, at a given time and place, effect that manifestation to our senses that we denominate body. It may be nux vomica, or pulsatilla, lead or silver, a rose or a crystal, a fluid or a solid.

Then again, to this complex of nature's forces we must add in the case of our drug-proving, the subtle element if life and mind, with the infinite diversity of phenomena belonging to this higher sphere. The task of co-ordinating and comparing, of elimination and unification necessary to the "taking" of the drug image, and the demonstration of a law of cure amid this chaos and cosmos of fleeting, ever-changing phenomena becomes all but impossible.

However, if medicine ever rise out of the bogs and fens of empiricism, it must be by virtue of the discovery and application of rational laws. Fact may be added to fact *ad infinitum*, and no real progress ever made ; facts may become the merest planks in the treadmill of life. Only as they are seen to be pregnant with a formative principle do they rise to their true value, or take on a correct meaning.

This unifying principle of phenomena is the goal of all systems of thought. Its search is native to the human soul. We can no more cease to seek it and desire it than we can seek to exist. This great principle in human nature, its eternal seeking for the cause or principle of unity, tells us in thunder tones of the reason why every new discovery in the fact-world of medicine—as, for example, Koch's lymph or microbic revelations—is hailed with such credulity. It is not to be laughed at, for it is a fact in psychology ; it is rather to be questioned as a principle of the reason, as a law of phenomena. The search for the philosopher's stone, the universal panacea, was in itself a rational effort, though it was fruitless. Allopathy repeats the labors of the blind giant unceasingly. Homeopathy makes great advance when it sets up the claim to a rational law of cure. Even though the law may have not proved itself in interpreting all phenomena of an art of healing, it has in so many cases shown itself to be an underlying *principle* as no

longer to be rejected by a healthy and informed mind. The greatest danger to a true and secure *science* of medicine lies in the careless observation and interpretation of facts—a vice to which the mind of a specialist is ever most prone—one characteristic of a lack of breadth of view and that supreme power called wisdom. Medicine should court the most merciless tests of all theories, and hold views as non-partisan as physics or chemistry. On the other hand, it must apply the wisdom that transcends demonstration, and hold fast that which is good, even though the facts are not all in, or seem to contradict one another. Time will reveal that higher unity in which all differences disappear, and truth will be seen to be at one with itself.

A law may be understood as a guiding or controlling principle, a knowledge of which enables us to predict with certainty the occurrence of phenomena. It implies the knowledge of the conditions and modes of its operation. It lies at the basis of all true progress in science. It is suggested by observing the nature of particular instances in experience, with a view of discovering their common ground or cause—that which governs their occurrence. Whenever any rule or order of occurrence is seen, we seize upon it as a conjecture, an opinion, theory, hypothesis of the facts under consideration, and then proceed to verify or confute the assumption by adding instance to instance until the mind is satisfied that it has found the controlling principle or law.

In this excursion after the unity of phenomena, the soul of man finds two very diverse paths before it. In the higher spheres of thought and the fields of mathematics, physics and astronomy, there lie those grand principles which need but the light of their own self-affirming power to satisfy the wings of reason and furnish a safe resting-place for faith. Here one finds the exact and rational sciences—metaphysics, psychology, logic, mathematics and physics. The other path lies over weary ways of patient repetition and observation. Its methods are bounded by the laboratory and work-shop. Its processes are limited to the field of observation, guided by those *rules* that express the generalizations of a past experience. Such sciences are inductive, and in their very nature empirical. In so far as they depend upon induction for the evidences of the

universality and necessity of their generalizations, they must ever remain so.

It is evident that all sciences that take their data from the reports of the senses must belong to the category of the empirical. Happily, the orderly recurrence of sense-phenomena may awaken the insight of the reason to discover in them the universal principle of their modality, and so add something to the imperishable truths of life; but for the most part the so-called laws in these sciences are nothing more than rules according to which phenomena *do* occur, not principles according to which they *must* occur. Of all sciences, even in its most advanced stages, medicine should be termed the empirical; hence in all directions should observations be bounded in by experience, and only so much be claimed for it as rightfully belongs to empirical generalizations. In the entire sweep of medicine, from Hippocrates to Koch, there is not to be found any instance of a principle of universal affirmation. The only approach to it is in the law of similia, which may prove to be such a principle, but which we do not as yet see how to apply to many diverse phenomena. Homeopathy is in danger of the dry rot that overtook the Schoolmen, against whom the thunderbolts of Bacon were so successfully directed.

Our materia medica literature is full of unsupported assertions—observations made by persons under such conditions as to make their statements of very little value. If we base our prescriptions on such reports, what claim of superior scientific accuracy can we set up over our allopathic brethren, who add a new drug every day on the testimony of Dr. Blank's endorsement? It seems to me perfectly evident that we are altogether too credulous in reference to many drug provings, and set our seal to a drug long before it has any right to a place in our materia medica. An attempt to generalize from too few particulars always throws doubt upon the result.

But the *Empiric* kind of philosophy produces views more misshapen and monstrous than the *Sophistic* or "rational" school, for its foundations are laid not in the light of vulgar conceptions, but on the narrow and dark basis of a few experiments; and so such a philosophy seems probable and almost certain to those who are daily occupied with experiments of this kind, and have corrupted their imagination by means of them; to all others it seems incredible and vain.—*Novum Organon—Bacon.*

It must be said of us as a school that we take at least the common precautions against such methods. No man should

say of us that we "first pass judgment upon the sphere of drug action at our will, and then try to bring round poor experience, tortured and a captive to our conceits."

We may well inquire into the competency of the witness in our reported provings. While most men intend to speak the truth, few succeed in doing so. They are often incompetent observers, and too ignorant to command a sufficient range of conceptions and terms to make their reports of value. Men cannot see more than their powers will enable them to take in, nor can their judgments as to facts go beyond the sphere of their prejudices. The phantoms of the mind affect all men, and those most injuriously whose minds are most darkened. Hence the most intelligent of our physicians should stand a perpetual guard at the door of the materia medica, that is, drug-proving, to question most critically all who seek enterance thereto. In the realm of empiric science, the only truly scientific attitude is one of convincible doubt; accept the proven; test the unproven.

By common consent the mental symptoms of a drug rank first in importance, but how few provers are competent to define mental symptoms. If one is in any doubt about the difficulty of grasping a conception in the field of mental phenomena let him take up any text-book on Mental Science, say Dr. Schuyler's Rational Psychology, the first hundred pages, and explain the terms he finds there. After several years of experience as a teacher and a lecturer in the field of metaphysics and psychology with students of mature years, it is my firm conviction that six months of thorough study are necessary to acquaint one with the mere vocabulary and elementary concepts of the subject—a degree of knowledge that will teach one what to look for in the sphere of mentality, and will give to him the power of describing what he sees there.

How idle must be that mental effort that cannot discriminate between an emotion and a thought, that knows no distinction between perceptions and intuitions, that confounds the act of judging with that of reason, that cannot define a volition or a motive; and how much further from the sphere of a reliable, competent witness must be the mind that has no final doctrines, or insight into the nature of the various forms and processes of thought themselves. In the domain of sense-perception that

has for its content the so-called pathic sensations the average person can doubtless observe his changing states with some degree of precision, but even here the untrained observers, not keen to see and feel, in their inability to make language the vehicle of their ideas, will describe a given sensation in as many different formulas as there are observers; thus misleading readers of the materia medica, and suggesting differential comparisons in drugs that have no existence in fact. Our pages of materia medica are cumbered with such material, and in no portion to a more harmful degree than in the mental sphere.

It seems to me dangerous and unscientific and very harmful to the true interests of homoepathy to defend and excuse these errors in our system of medicine, inasmuch as homoeopathy, like every other art or science, is discovered and formulated by human reason, its method and statements must appear rational. No one imagines that science ever gained anything from the "learned nonsense" of the formularies of the alchemists or astrologers, yet a recent writer describes Jahr's materia medica as "nonsense made difficult."

Nor is it justifiable to contend for a statement found in the materia medica, simply on the ground that in some single instance a patient has been found to have that symptom; for the most elementary application of the doctrine of probabilities would satisfy one that the symptom and remedy have merely the relation of coincidence in time, and not of effect to cause, a relation that must exist if the fact has any right to a place in our materia medica.

What then may be done toward a truly reliable and scientific materia medica? I would answer: First—Train medical students how to observe the phenomena of life and mind. Second—Teach in our medical colleges only those symptoms that are fully verified. Third—Teach the "image of the drug," then compare that with the image of the common diseases of the human family, in order that the physician may at the same time recognize his drug and the entire pathological picture; or, in other words, compare drug with disease by diagnosis.

To follow these three points would carry me too far—besides, I should in the very presence of the rabbis of the congregation be discussing topics possibly lying outside my sphere. Upon the first I have already placed an emphasis that I will not try

to repeat. How to teach men to observe the facts of a materia medica, sifting out the chaff from the wheat, is a subject that we as a faculty ought to aspire to know.

The second will require a degree of moral heroism in physicians and teachers that I fear all may not possess. I venture the assertion that there is not a well proven drug in our materia medica whose essential "image" can not be set forth in twenty-five symptoms, or less. The skill required to select the twenty five is the *sine qua non*. A Nast will make a talking image with a dozen strokes of his crayon on the blackboard ; a novice cannot draw marks enough to form the semblance of a picture. He uses up all of his crayon, and comes to the end of his lecture hour disappointed and disappointing. A few "image making" marks of a drug the memory can hold and these are all. These may be related as parts to the whole and firmly fixed. The laws of mental association come in to assist in the mental furnishing of the student, and he holds each drug as a permanent possession. Reviews and examination, and exact information, all elements of good training and scholarship, are within the reach of the teacher and student. To determine what the essential marks of the image are, one must not content himself with the reading of the Materia Medica. He is obliged to acquaint himself with the chemical, physiological, toxicological and therapeutic spheres of the drug; its *genius* must grow into his inner consciousness until its symptomatology rises from the sphere of the memory to the forms of the understanding.

While I am not insensible to the value of the suggestions of such men as Dr. Hughes upon the proper method of obtaining a Materia Medica, *nor would I surrender a single recorded symtom of proven worth* whether derived from the clinical, toxicological or physiological test, I am persuaded that there is great need of clearer, more scientific methods of getting results. It seems to me evident that homeopathic medical colleges, and Hering in particular, should take much more advanced ground in the study of the picture of disease. The allopathic school has outstripped us in its pathological work, and doubtless has made somewhat of a fetish of pathological conditions ; but thus far the allopaths have scarcely touched the border of the most productive and scientific field of pathological research.

They have exhausted their time peering through microscopes and into test tubes, seeking for the physical, material concomitants of disease, basing all pathological conclusions and therapeutic measures upon observations from diseased or dead tissues. It is the old labor of Sisyphus and the stone, an eternal rolling up the hill only to see it roll to the bottom again.

True pathology differs as widely from this as does the Copernican from the Ptolemaic system of the physical universe. Once place the sun in the center, and recognize the law of gravitation, and what was before an irrational, purposeless confusion, at once becomes an object of divine beauty and harmony. True pathology has the *ground of sensations* as the resting-place for its feet, not the *conditions of tissue* This apparently simple truth gives us a new view-point. What is pneumonia? Answer: A group of sensations. Where are they chiefly located? Answer: In the thorax. Where are their chief nerve centers? Answer: Here, there (wherever they may be). What sensations or groups of sensations usually accompany the thoracic group? Answer: In the head, back, abdomen, limbs, etc. Sensation belongs to what? To mind. Can a correct prescription be made for a man who has no sensations of disease? Certainly not. Who or what is sick? The man—not his thorax, back or head. Nor is the pneumonia to be treated. Are there changed or abnormal conditions of tissue accompanying the sensations of disease? Certainly. May the sensations be made use of in determining the tissue changes? They may. May the tissue changes be of equal worth in leading to a knowledge of the sensations of disease? They may. But that view of man which covers the ground both of morbid sensations and tissue changes is what department of medicine? Pathology. Can abnormal sensations be recognized and described without the ability to identify normal sensations? They cannot. How then may the student attain to Hahnemann's image of disease? By knowing man both physically and mentally in both his normal and abnormal states. Can one make the most intelligent Hahnemannian prescription without this knowledge? He cannot. He has no adequate standards for comparing the "image of the drug" with the "image of the disease."

What then is the chief end of a Hahnemannian? To study pathology and drug pathogeny, and verify the works of God to

man. To fully show forth the image in the drug—to show with equal clearness the image in the disease—to give definition and richness of meaning to the commonly known names of all diseases—to enrich mankind with a real addition to medical thought—this is both his duty and his privilege. And so may our mat. med. be made a *materia medica, pura,* and our school commended to the favorable judgment of scientific men.

CONDENSED MILK.

Thinking my experience in the use of condensed milk might be of some therapeutic value, I report the result. For six weeks my diet consisted of rolls and condensed milk—seven or eight teaspoonsful daily in water at my meals. In a few days after using it, a marked decrease in the quantity of urine passed, which continued to lessen until there was not more than half ounce or ounce daily, often none or a few drops only at night. A desire to urinate was always attended by some straining. The urine red or reddish. Believing the condensed milk was the cause of the above symptoms, I quit the use of it. Urine, scanty in quantity, continued two weeks after the disuse of the milk, if anything worse. Feeling some pain and soreness in the venal region, I took one dose of Berberis vulg.$^{c\,m}$ which was followed by relief in twenty-four hours, increasing sufficiently the quantity of urine. What influence would the milk have, remaining in the can two or three days until it was used? In this time, much later, however, my stomach shared its effect, feeling bad, wretchedly so, with loss of appetite, sleepy, tired and weak. In a few days appetite returned. I am a catarrhal subject from boyhood, always urinating too often and passing more than normal quantity.

OBSERVER.

REPERTORY OF SYMPTOMS BEGINNING WITH "SENSATION AS IF."

A. W. HOLCOMB, M. D., KOKOMO, IND.

INNER HEAD.

Sensation as if—current of air rushed through the head—Aur. Met.

" Air—air forced itself into the frontal sinuses—Zinc.

" Air—air was in the head—Benz. Ac.

" Air—head was filled to bursting with air—Lyss

" Alive—every thing in the head were alive—Petr

" Ball—ball of fire in the forehead—Caust.

" Ball—ball of pain was in the forehead—Lac. Defl.

" Ball—ball in the forehead—Staph, *Lach.*

" Ball—ball rising from throat into the brain—Plb.

" Ball—small lead balls rolling around in brain—Lyss.

" Bands—two iron bands were holding temples—Bufo.

" Band—head was tied with a band—Dios, MERC.

" Band—band above the eyes—Chel., Kali Phos.

" Band—head enclosed in band, which at times crushed head—Carb. Ac.

" Band—band an inch wide drawn from temple to temple—Helon.

" Band—tight band across forehead—Bapt. Ind. Medorr., Sang., Sul., Tart. em.

" Band—band about the head—Cinnab., Iris. Osm., Tereb., Variol., *Xanth.*

' Band—band tied around head above ears pressing above ears—Am. Br.

Sensation as if Band—pressing band in root of nose, and over and around ears—Thesid.

" Band—hat-band drawn from temple to temple —Chloral.

Bandage—head was bandaged—MERC.

Balancing—brain was balancing to and fro—Chenop., China.

Beating—brain beating against the skull—SUL., Ars.

Board—heavy board lying on r. side of head—Jamb. Eug.

Board—board across the head—*Cocc.*

Board—board pressing through whole head—Zing.

" Big—head was big as a bushel—GELS., PARIS.

" Blown—head was blown up—Spong.

" Blood—all blood rushed to the head—Cinch., FER. SUL., GLON. *Verat.*

" Blood—all blood rushing into head and ears—Amyl. Nit., Millef.

" Blood—all blood collected in the head—Elaps.

" Blood—all the blood rushed into the occiput—Oleum An.

" Blood—all the blood had left the brain—OX. AC.

" Bored—brain was being bored out—*Tuberc.*

" Body—a hot body descended into the forehead —Kali c.

" Body—a blunt body forced slowly into right temple—Cocc.

" Bolt—a bolt run through the head above tip of ears—Dulc.

" Bolt—a bolt from temple to temple tightly screwed—HAM.

Bound—head was bound up—Cepa., Gymnoc. NIT. AC., SPIG.

Bound—head was tightly bound—SPIG.

" Broad—forehead was very broad and high—Cund.

" Bubbling—something bubbling in the brain—Berb.

Sensation as if Burst—brain would burst skull—LACH.
" Burst—brain would burst and fall out—PULS.
" Burst—forehead would burst—AM. C., BRY. CALC C., FER. MET.. LAC. CAN., NAT. C., NAT. S., SANG.
" Burst—right parietal bone bursting—Zinc.
" Burst—head would burst from inward blows—*Stan.*
" Burst—head would burst—Bry., Cham., DAPH Euphr., MAG. MUR.. NAT. MUR., NUX M. VERAT., VERAT. VIR.
" Burst—temples would burst with coughing—CHINA.
" Bubble—a bubble burst in forehead and run around to left side—Form. R.
" Button—a convex button pressed on left side of head—THUJ.
" Break—skull would break from pain--CACT. GR. HEP.
" Cast—a cast fitted over head and pressing down—LYSS.
" Circled—pain circled through head and around crown—Medorr.
" Compressed—brain was compressed—Bell., CHAM.
" Compressed—brain was compressed from both sides—KALI IOD. STAPH.
" Compressed—occiput compressed externally and internally—Staph.
" Compressed—forehead compressed from margin of orbit to temple—Can. Sat.
" Compressed—temples were compressed—Con.
" Compressed—head was compressed—BRY. Camph. COLOC. Cocc.
" Constricted—temples were constricted—PULS.
" Constricted—brain was constricted by a ligature—Cocc.
" Constricted—brain was constricted on all sides by pressure—*Tarax.*

Sensation as if Contracted—skull at vertex became contracted—KALI BI.

" Contracted—brain contracted and head grew smaller—Grat.

" Contracted—brain was contracted—PLAT.

" Cloth—brain enveloped in a cloth—CYCL.

" Cord—brain was constricted by a cord—Cocc.

" Cord—head bound with a cord especially at occiput—China.

" Crushed—articular eminences of frontal bone violently crushed and pinched together with pincers—*Verbas.*

" Crushed—forehead crushed by violent concussions—ARN.

" Crushed—temples would be crushed together—Caul.

" Crack—head would crack on coughing—*Puls.*

" Crawling—something crawling on top of brain—Lac Fel.

" Cut—brain was cut to pieces on stooping—Nicc.

" Cut—head cut off at septum and middle of forehead—CHEL.

" Cut—part of the right side of the head was cut off—LACH.

" Cracking—mental plates cracking in head—MERC., Phel.

" Driven—bones of skull were being driven asunder—LYC.

" Driven—head were driven asunder—CAUST., *Ran Bulb.*

" Dashed—brain were dashed to pieces—NUX V.

" Distending—brain was distending at center—Ind.

" Distended—head were being distended from within out—ARN. Stront.

" Detached—something had become detached in head—Con.

" Dissolving—brain were dissolving—CALC. C.

" Drawn—nerves of head were drawn up tightly —Cocc.

Sensation as if Drawn—all nerves of head were drawn up—Camph.

" Drawn—head were drawn upward—Camph.

" Drawn—temple would be drawn in—Asar.

" Drawn—every thing drawn together from within the head—Jamb. Euj.

" Electric—brain was shaken by electric shocks at night—Ast. rub.

" Electric—shock of electricity passed through the head—HELL., CEPA.

" Electric—electric current passed from head into limbs—Ailan.

" Electric—strong shock of electricity began in head and extended to all parts of body—Mag Phos.

" Electric—electric current shooting rapidly from one part of head to another—*Sang.*

" Electric—electric shock from right temple to left occiput—IRIS.

" Electric—electric machine snapping in occiput—CALC., C.

" Electric—fine electric sparks in vertex—Carb. ae.

" Extended—vertex extended upward—Lachn.

" Expanded—brain expanded—Cup., ars.--Glon.

" Expanded—head was expanded—NUX M.

" Expanded—brain would expand were it not for cranial bones—Kali. phos.

Exploded—Something had really exploded in brain—PHOS.

" Elongated—head became suddenly elongated—HYPER.

" Empty—head was empty—Carbo. V., Cor. rub. PHOS. AC., NUX M., Sinap.

" Empty—occiput was empty—Hell., SUL.

" Enlarge—brain would enlarge or distend at temples and occiput—*Coc. sept.*

" Enlarge—cerebellum enlarged—Dulc.

" Enlarge—head would be enlarged—*Ran. b.*

" Enlarge—occiput was enlarged—MEDORR.

Sensation as if Enlarge—head was enlarged—ARG. NIT. Ars. iod., Bov.. Comocl.. Diad.. Dulc., MAUCIN PLAT.. Meph., Sul.

" Fall—brain would fall forward—Berb., CARB. AC.. Grat.. Guarea.

" Fall—Forehead was falling outward—CHEL.. THUJ.

" Fall—Frontal bone would fall out—Cochl.

" Fall—Piece of forehead would fall out—*Nux* V.

" Fall—Head were falling off—Sil.

" Fall—Head would fall in all directions—Cansat., con.

" Fall—Everything would fall out of skull on stooping—Bry.

" Fastened—occiput fastened to pillow and broken off from rest of skull—CHEL.

" Fell—something fell forward in occiput when stooping—Ant-tart.

" Fell—something heavy fell into forehead—NUX V.

" Fell—brain fell into forehead—LAUR.

" Fell—brain fell toward left temple—NAT SUL.

" Fell—something fell forward in the brain—Dig., Mag. Sul.

" Fell—brain fell to and fro toward side he stoops—Am. C., Sul. ac.

" Flattened—forehead was flattened by pressure. —Cor rub.

" Fluid—fluid rushing through head from right to left—Lil. Tig.

" Fluid—head was filled with fluid—COFF.

" Forced—Brain forcing itself out at root of nose —Am. C.

" Forced—skull would be forced asunder on both sides from without—NUX V.

" Forced—parietal bones were forced asunder—COR. RUB.

" Forced—brain would be forced out through right nostril—BORAX.

" Forced—Brain was forced forward—SIL.

Sensation as if Forced—pressure in occiput would force brain out at forehead—CAPS.

" Full—skull too full on vertex—HELON.

" Full—head was too full—Calc. C., CON., DAPH., *Nat. Phos.*

" Full—brain was too full—CAPS.

" Full—brain was too full and pressed outward —Bry.

" Front—front half of brain would come through forehead—MEDORR.

" Foreign—foreign body in right half of brain—CON.

" Fog—brain was wrapped in a fog—PETR.

" Gimlet—gimlet thrust in right temple—*Puls.*

" Gimlet—gimlet boring in left temple—Culex. mus.

" Glass—brain was made of glass and shattered at a blow—DIG.

" Gnawing—something gnawing in occiput, temples and ears—Led.

" Gnawing—mouse gnawing in occiptal protuberance—Zinc.

" Gnawing—something gnawing at base of brain—NAT. SUL.

" Gone—Top of head was gone—Mez.

" Growing—head was growing externally—LAC. DEF.

" Grasped—brain grasped by a hand and twisted—MUR. AC.

" Hammer—he had been hit with hammer on top of head—*Sars.*

" Hammer—struck on occiput with hammer—Tarent.

" Hammer—little hammers beating in head—NAT. MUR.

" Hammer—invisible hammers striking on back of head—Lyss.

" Hammers—hammers striking head from within outward—Psor.

Sensation as if Hammer—hammer beating in vertex from within—out., vine. M

" Hat—couldn't get hat on his head—*ars. met.*

" Handkerchief—handkerchief tied around the head—CARB. V.

" Hanging—he was hanging head downward—GLON.

" Hanging—head was hanging by piece of skin at nape—*Sil.*

" Hard—hard substance pressing on brain in frontal region—Stil.

" Heavy—something heavy pressing on temples —Iodof.

" Heavy—head got heavier and heavier—Calc. ars.

" Heavy—something heavy sinking down into head— NUX. V.

" Heavy—brain was too heavy and too large—Form. R., GLON., Hell., Mag. Phos—

" Higher—left side of forehead higher than the right—Cund.

" Hollow—head was hollow—ARG. met, Cocc., MANCIN., Polyg., PULS.

" Hollow—occiput was hollow—STAPH.

" Hoop—tight hoop of iron around head—TUBERC.

" Hoop—head was in a hoop—MERC.

" Ice—ice had lain on occipital protuberance—*Pod.*

" Ice—ice were lying in upper occiput—CALC. PHOS.

" Ice—ice on head—VERAT ALB.

" Knife—occiput pierced with a knife at every pulsation—CON.

" Knife—penknife sticking in temples—FER. MET.

" Knife—knives went tearing around in brain—*Thuj.*

" Knife—forehead, eyes and ears were stabbed with knives—*Thuj.*

" Knife—Knife sticking in forehead—Tereb

Sensation as if Knife—Knife drawn through head transversely —ARN.

" Knife—knives stitching in occiput—NAT MUR.

" Knife—knife plunged into the head—*Nux M.*

" Knife—knife stabbing from temple to temple—BELL.

" Knife—knife thrust from occiput to forehead —GELS.

" Knocked—parietal bones were being knocked to pieces—*Thuj.*

" Laced—laced together in cerebellum and glabella—CAMPH.

" Laced—head and neck had been laced in—Glon.

" Large—head was too large—*Apis*, ARN., CAPS., KALI IOD, Lactuc. Lith. C.. COR. RUB., NAT. C., Rau. B. Rau. Lc., RHUS. R., SIL., Zing.

" Large—forehead as large again and pressed out—NUX M.

" Large—brain was too large—Ars. Met., *Hell.*, Lac. ac.

" Large—head were growing larger—MERC.

" Large—head larger than body; large as a church—NUX V.

" Large—head grew large during stool—Cobalt.

" Large—brain was not large enough for the space—STOPH.

" Lead—lead in occiput—LACH., MUR. AC., PETR.

" Living—something living were in the brain—HYPER.

" Live—head were teeming with live things whirling around it—Sil.

" Lifted—bones of forehead were lifted up by blood vessels—Bell.

" Lifting—head were lifting off—*Ustil.*

" Lifting—brain was boiling over and lifting cranial arch—Can. ind.

Sensation as if Lever—lever applied to force head asunder—Bell.

" Lightning—lightning run from body up into head—Form. R.

" Liquid—a liquid fluctuating in brain on exertion—ARN., Curare, (see water).

" Load—a heavy load on vertex—Ind., PLAT., SUL., *Zinc.*

" Loose—something loose in head, turning and twisting toward forehead—*Kali c.*

" Loose—brain was loose—BAR. C., Bry., CARB. AC., Caust., CIC. V., Croc., CYCL., Dig., *Hyas*, Lactu., LAUR., Mur. ac., NUX M., RHUS T., Xanth.

" Loose—brain was detached and loose—Guaic.

" Loose—something loose diagonally across top of head—KALM. LAT.

" Lump—lump fell forward in forehead—Cham.

" Lump—large heavy lump in brain—*Con.*

" Lump—brain was rolled up in a lump—Arn., Cocc.

" Lump—brain was in one lump—Ant. Tart.

" Mashed—brain were mashed—IP., PHOS. AC. Sep.

" Moved—something moved in waves to the head—GLAN.

" Moved—something moving in forehead—Lyss.

" Moved—brain moved when standing—*Rheum.*

" Moved—brain was moving in cranium, or as when one is riding in a wagon with eyes closed—CYCL.

' Nail—nail thrust into right side of head—AGAR.

" Nail—nail pressed in occiput and point pierced brain—*March.*

" Nail—nail driven into left side of head—NAT MUR.

" Nail—nail driven from within out, in vertex—THUJ.

" Nail—nail driven in on one side of occiput—PULS.

Sensation as if Nail—nail pressed into brain—NUX V.
" Nail—nail sticking in top of head—Nicc.
" Nail—nail driven into head over nose—IGT.
" Nail—nail pressing in vertex—Form. R., *Hell.*
" Nail—nails in temples and root of nose, meeting at edge of hair at top of forehead—GYMNOC. (Sawyer).
" Nail—nail driven out through side of head—IGT.
" Nail—nail driven into side of head near left eye—Am. Brom.
" Nail—nail thrust into temple—ARN.
" Nail—plug or nail pressing in one half the brain—HEP.
" Nail—nail driven into head—COFF., Ptel., Ruta. Gr.
" Needle—needle pierced through into brain over right eye—IGT.
" Needle—thousand needles pricking in the brain—Tarent.
" Needle—needle stitch in left temple—Tarax.
" No—there was no head—Cocc.
" Off—head was off the shoulders—PULS.
" Off—top of head would come off—Cup. Sul., Cobalt., *Syph.*
" Off—top of head about to be taken off—Xanth.
" Off—top of head lifted off—Dias., LAC DEFL.
" Off—top of head were blown off—*Cham.*
" Off—top of head would fly off—Bapt.
" Off—top of head would fly off from downward motion—Sanic.
" Open—top part of head was open and without covering—Arum Tri.
" Open—top of head would open—*Nat. Phos*—
" Open—temple and vertex opened and shut—CAN. SAT.
" Open—top of head opened and shut—CAN. IND.

Sensation as if Open—top of head opened and shut and calvarium was lifted—CAN. IND.

Open—occiput opened and shut like a door—COCC.

Open—head opened and pain shot into abdomen on swallowing—LYC.

Oscillating—brain oscillating to and fro—LYC.

Points—there were three points of tension, in center of each hemisphere and cerebellum, —seemed as if tearing pain would break, when suddenly they relaxed and a bubbling sensation passed from center to circumference, when reached pains began again—*Medorr.*

Pin—pin sticking in the brain—NUX V.

Pieces—head would drop to pieces if shaken—GLAU.

Pieces—head would fly to pieces if she moved —COFF.

Pieces—head would fly to pieces with cough—BRY., CAPS., *Rumex.*

Plug—pointed plug pressing inward in temple—ASAF.

Plug—plug being driven into occiput and temples—HEP.

Plug—plug was thrust quickly by increasingly severe blows into the head—Lul. ac.

Plug—plug pressing on right side of forehead—Jac.

Pressed—brain were pressed out at forehead—Am c., Berb., BRY., CUP. MET. KREAS. Rat.

Pressed—brain was pressed to forehead—BELL Cup. Ass.

Pressed—brain was pressed into a ball—China.

Pressed—brain was pressed together from both sides and forehead—CHINA.

Pressed—contents of head pressed into forehead and root of nose—Zing.

Sensation as if Pressed—something would be pressed out at forehead—China.

" Pressed—forehead was pressed in—NUX V., STANN.

" Pressed—head pressed down with a weight—Merc-peren.

" Pressing—board pressing through whole head—Zing.

" Pressed—vertex and sides of of head pressed together—GLON.

" Pressed—blood pressing down on head—Con.

" Pressed—something pressed skull asunder—BRY.

" Pressed—some one forcibly pressing head—NIT. AC.

" Pressed—something pressing upon head—*Sars.*

" Pressed—everything would press out and burst skull—SIL.

" Pressed—something firm was pressing against occiput—Cast Equi.

" Pressed—temples would be pressed out—*Igt.*

" Pressed—fingers pressing on back of head—Meph.

" Pressed—skull would be pressed outward by sharp plug—PRUN.

" Pressed—something hard pressing on surface of brain—COFF.

" Pressed—brain was being pressed against skull—CALC. PHOS.

" Pressure—pressure on occiput would force brain out at forehead—CAPS.

" Pumped—something pumped into brain—GLON.

" Pushed—skull pushed upward—FER. MET.

" Puffy—head was puffy—BERB.

" Rolling—something rolling in the head, with burning in it coming out of eyes—Jamb. eug.

" Rolling—brain rolled around in skull—China.

" Rocked—something rocked and swayed in brain—BELL.

Sensation as if Revolving—brain revolving on an axis—NUX V., Rob.

" Rod—iron rod thrust from right eyebrow to lower part of occiput—SYPH.

" Rope—rope around head drawn tighter and tighter—*Nat. Mur.*

" Rose—brain rose and fell at every step—Bell.

" Screw or screwed—pain screwed in side of head —KALI IOD.

" Screw or screwed —brain and zygoma were screwed together—Euphorb.

" Screw or screwed—head was screwed together COLOC., Daph., Mag. Sul., PLAT., Cocc.

" Screw or screwed—screw driven in right temple—*Nat. Sul.*

" Screw or screwed—head was screwed asunder —*Thuj.*

" Screw or screwed—forehead screwed together —SUL.

" Screw or screwed—right side of head was screwed together—Millef.

" Screw or screwed—something working in top of head and of screwing from behind forward —PLB.

" Screw or screwed—temples were screwed in— PLAT.

" Screw or screwed—temples were screwed together—LYC.

" Screw or screwed—head was screwed up— Atrop., GLON.

" Screw or screwed—head was being screwed apart at temples—Cast. equi.

" Screw or screwed—both sides of head were being screwed together—Zinc.

" Screw or screwed—occiput was screwed in— Am. Mur.

" Screw or screwed—parts were screwed together in muscles of back part of head—RHUS. T.

Screw or screwed—screw behind each ear compressing head—Ox. Ac.

Sensation as if Separated—bones of head separated—Arg. Nit.
" Separated—head separated from the body—Daph., *Psor.*
" Separated—head would separate—Dolich.
" Separate—vertex separated from rest of body, or she could lift it off—*Therid.*
" Shattered—forehead were shattered—Stann.
" Shaken—brain was shaken in the skull—Bell.
" Smoke—smoke passing through the brain with a heating pain—ANTHRAC.
" Smoke—smoke in the brain—OP.
" Small—head were smaller—IGT.
" Small—skull was too small for the brain—GLON.
" Sound—sound hurt brain—KALI PHOS.
" Sound—sound came through forehead and brain—*Sul.*
" Sore—brain was sore and collided with skull—*Sil.*
" Split—forehead would split—Olean.
" Split—forehead would split in median line from nose to vertex—Vacc.
" Split—top of head would split—*Nat. Sul.*
" Split—head would split—Am. Mur., Asar., Ast. Rub., Calc. Ars., CALC. C., CAPS., Cochl., *Oleum Jac.*, NUX V., Sarrac.
" Split—skull had been split—CARB. AC.
" Split—head and teeth were soldered together—Lyss.
" Squeezed—head had been squeezed flat—MAN. CIN.
" Squeezed—head squeezed between two beams—Salic Ac.
" Squeezed—brain was squeezed and relaxed alternately—COLC. C.
" Stirred—brain was stirred with a spoon—IOD.
" Stone—stone pressing in forehead—BELL., CHAM.
" Struck—brain struck against skull on moving—Rob.

Sensation as if Stretched—skull was stretched—Samb.
" Swelling—head were swelling—Bapt., BERB., RHUS. T.
" Swollen—head was swollen—CEDRON., Aeth., Cepa.
" Swollen—head above the eyes were swollen—*Tuberc.*
" Substance—foreign substance in the brain—IOD.
" Swashing—brain were swashing about in top of head—Carb. Ac.
" Swashing—brain were swashing about in forehead—Cina.
" Swashing—brain swashing around in head—RHUS. T.
" Tearing—cats tearing brain to pieces—ARS.
" Tight—brain was too tight—KALI. BR.
" Tight—something tightening in head—MEDORR.
" Tape—tape drawn tightly from ear to ear—Anac.
" Tape—tape around head—GELS., IOD., NIT. AC.
" Thick—head was so thick, it was a strange head—Thesid.
" Threads—threads being drawn through head and trunk—Meph.
" Through—everything would issue through forehead—BELL., BRY., GLON., Verbas.
" Torn—brain were torn—Am. Mur., COFF., MUR. AC., RHUS T., STAPH., VERAT., ALB., CANTH.
" Torn—mastoid process would be torn out.
" Torn—brain would be torn to pieces—HYPER.
" Torn—forehead would be torn out—HEP.
" Torn—head would be torn off when sneezing—BELL.
" Torn—sutures of skull were being torn open—BELL.
" Tornado—tornado in the head—CARB. AC.
" Transparent—skull were transparent—Bell.
" Thin—skull were quite thin—BELL., PARIS.

SURGERY.

SURGERY IN THE HOMŒOPATHIC SCHOOL.

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At the recent World's Congress held in Chicago, Prof. William Tod Helmuth, of New York, presented a valuable address on the surgery of the Homœopathic school. Prof. Helmuth's paper is replete with interesting facts, and covers the field in masterly fashion. The resection of several feet of the small intestine, by the lamented and beloved Gaylord D. Beebe, of Chicago, outranks in many points not only any feat yet credited to our surgeons, but is perhaps surpassed by none in any school. Abdominal surgery was in his day a trackless wilderness, and we may fancy something of the sublime courage, the infinite skill and wonderful hope that moved him on that sultry July Sunday of 1869 to remove 58 inches of intestine from a large, fleshy woman, who carried at the time a child almost at half term. The present Prof. Beebe, one of our best known surgeons, who represents in remarkable degree the conservatism and skill of modern surgery, once said that his distinguished brother was ignorant at the time of the operation of the woman's pregnancy. He was summoned as a last hope, and if he had known the true condition it might have deterred even his skillful fingers from entering her abdominal cavity. But why should it? Certain death stared his patient in the face unless operative skill could save her, and we do not believe he would have wavered a moment if he had known her to be on the verge of delivery at full term.

There is another operation which we believe was done originally by Prof. Gaylord Beebe. We refer to the creation of an artificial vagina which afterward performed all the natural functions of that organ. The records are not at hand, but our recollection is that the woman bore a child, but as to this we are by no means certain. It was, in any event, a bold and striking operation, and one that deserves recording to the credit of the famous man who performed it.

A modest homœopathic practitioner in Michigan, Dr. Ellis, ligated both common carotids within the shortest space of time in

which those vessels have ever been tied successfully. This case is recorded by Prof. Gross in his *System of Surgery*, and also by Valpeau, who gives the homœpathic prescriptions taken by the patient.

Dr. Horace Packard, of Boston, performed last year the first symphyseotomy in New England, and quite recently this feat was successfully done by a Chicago surgeon, Dr. Sheldon Leavitt, both operators being well known members of the homœpathic school.

The records of Helmuth, Danforth, Biggar, Foster and Ludlam are too well known to bear repetition here.

The late Dr. Walter F. Knoll made material advances in the operative treatment of hernia and in surgery of the brain.

To Prof. John W. Streeter belongs the honor of having established a new and wonderfully successful operation for the restoration of the perinaeal body by secondary operation.

Trachæotomy was first done in this country by Dr. I. T. Talcott, dean of the Boston university school of medicine, one of the oldest and most widely known of homœpathic surgeons.

Whatever differences may exist concerning the various philosophic claims of Pratt, there is no question whatever that he outranks in genius—with all that the word implies—and in accomplishments any surgeon of any school of any country. His marvelous successes are explainable, we think, on perfectly rational grounds. He is one of the finest anatomists in the world, his command of general principles is perfect, and when he begins to specialize he finds the path an easy one. We do not know from which line of work his greatest fame will arise, and the probability is that any predictions at this time, or at any time before Prof. Pratt's death, would be valueless.

His greatest feat may be just ahead of him; and there is nothing in his record that would contradict this view.

There has been no dearth of splendid operators in our ranks, but we have as yet no excess of surgical *teachers*. We do not mean by this statement that our students do not receive varied and eminently skillful training in the purely mechanical feats of surgery; but there is not at present a single instructor who teaches the genius of homœopathic surgery. This is, we admit, a difficult task, and is not by any means fulfilled when one has blended the underlying principles of surgery, the tech-

nique of operative procedure, and fragments of the Materia Medica. This is a mixture, and a valuable one beyond all doubt; but how much more valuable if these varied elements were welded into one compact mass of solid knowledge by the fervent heat of everlasting homœopathic truth.

The line between surgery and therapeutics is not always plain, and many times is beyond practical recognition; but there is no guide so unfailing and so substantial as a knowledge of homœopathic principles. We do not refer to the one who first tries silica in a case of fistula, and, failing to cure it, resorts next to the knife. We mean the one who knows enough of true homœopathic philosophy at the start to see that if he cannot cure, he dare not suppress.

The surgery taught in many of our pretended homœopathic colleges is on a par with the other chairs, "no better and perhaps little worse." In some it is downright allopathy, with scarcely enough homœopathic gauze to conceal its nakedness. It has become a sort of fashion for certain pretended surgical leaders to affect a lofty, disdainful attitude toward all things that cannot be cut, sawed or gouged. This may please the actors, but it does not assist those who are studying honest surgery. We have had enough of it.

What the surgical teachers of the homœopathic school need to know is a little homœopathy. It may strike some of them as preposterous that they have anything to learn, but the facts are against them. They certainly should learn a rational system of therapeutics, which would supplant most admirably and beneficently the present crazy quilt prescribing—not even respectable allopathy—that some of them have the hardihood to proclaim from the desks of colleges claiming to be homœopathic. It is time for a reformation that will reform.

OBSTETRICAL SURGERY.

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Not infrequently will the obstetrician be called upon to decide between one or another of several operations in order to either effect delivery or to save the child or both. The saving of the child by any surgical means necessarily involves a certain risk to the

mother, and the question to settle is, which method of procedure, in a given case, is the most promising for *both*.

The old argument of always sacrificing the child in order that the mother may be saved might still carry great weight if it were true that the mother's life was greatly endangered by surgical attempts at rescuing the child. But the argument immediately loses force when we make a comparison of the records between the maternal mortality of Embryotomy and Cesarean section. It stands as eight to six, in favor, it is true, of Embryotomy, but to offset this there is a foetal mortality of 100 per cent. in Embryotomy against only thirteen per cent. in Cesarean section, which means that if the classical or Cesarean operation is elected two more mothers are sacrificed, but eighty-seven more children are saved out of every hundred.

It is of prime importance that the physician who is to make obstetrics and obstetrical operations a specialty should have clear ideas and positive convictions as to, first, the result he desires to accomplish, and, second, as to the choice of surgical measures to be employed in realizing that end, under any conditions that may arise.

Let us assume a case similar to one that has probably come within the experience of every one present. In this case labor is due, the pelvis is found to be contracted and distorted, with a conjugate diameter of two and three-fourths inches, averaged sized head of living child presenting, the bi-parietal diameters measuring three and three-fourths inches. Now the question arises, what is to be done? Obviously one of four things, either Embryotomy, Cesarean section, Porros operation or Symphysiotomy. Before deciding let us describe briefly these very different operations; and by a comparison of their relative values each one may speak for itself as to why it should or should not be preferred above all others.

Embryotomy includes, first, perforation and crushing of the skull — called craniotomy; second, *Decapitation*, which is performed when the shoulder so presents as to make turning impossible; and, thirdly, *Evisceration*, or the evacuation of the chest contents, when in impacted shoulder presentation the neck cannot be reached. These operations all aim to diminish the size of the foetus, or, as in decapitation, to make delivery *possible* per vaginum. In every case it means death to the

child. The maternal mortality of six per cent. is from various causes, principally ruptured uteri and infection.

The *Cesarean* or *classical* operation, also called gastro-hysterotomy, or more correctly cœlio-hysterotomy (cœlio-belly), is performed with the idea of saving the child, with a little more risk, possibly, to the mother. It is also performed when embryotomy would be impracticable, as when a living fœtus is present. The operation consists in opening the abdomen and uterus through the median line and extracting the fœtus. It was first performed on the dead pregnant woman nearly 3000 years ago, and on the living subject in 1500 A. D. by a sow-gelder, who saved both his wife and child, "after futile attempts at delivery by no less than thirteen midwives and a number of lythotomists." Under the present improved methods the maternal mortality is reduced from 50 per cent. to 8 per cent., the fœtal mortality being, as before stated, about 13 per cent.—a much better showing for the child, indeed, than after the comparatively simple performance of *version* and extraction.

The *Porro* or *Porro-Cesarean* operation (Gastro or cœlio-hysterectomy), was introduced in 1876 as an improvement on the Cesarean section in certain cases. In fact, Porro considered it applicable in all cases where Cesarean section was resorted to, believing it to be safer to remove the uterus rather than to leave the wounded organ behind, there being less danger of hæmorrhage and septicæmia. The operation consists in extracting the fœtus through the abdomino-uterine incision, as in the "Cesarean," followed by amputation of the uterus down to the neck. At first the mortality was considerably under that of the classical operation; but since more attention has been given to the technique, chiefly that of stitching the uterine wall, the ratio has changed in favor of the "Cesarean" as 11 to 8, and the latter is now regarded as the safer operation; but this may be explained on the ground that the "Porro" is the more difficult, involving a greater shock, and is generally resorted to in more desperate and hopeless cases.

Symphysiotomy, although dating back to 1654, was practically abandoned until the year 1866, when Prof. Morisani operated on a living woman, saving both mother and child. From that time to the present the profession, especially the conserv-

ative surgical branch, has shown an increasing interest in its revival, until today it is looked upon as an operation that has come to stay. It has been demonstrated in the last few years that, with proper precautions, the pubes can be separated 2½ or even 3 inches, without causing subsequent injury to the patient. Dr. Harris of Philadelphia reports forty-four cases, with a loss of but one woman and five children, the death of the woman being attributed to another cause than that of the operation. Certainly, embryotomy, Cesarean section, or the Porro operation can claim no such results.

The following is a pretty correct table of comparisons, showing the mortality, both fœtal and maternal, for each of the operations during the past eighteen months, not including the fœtal deaths occurring during the first week after delivery:

Embryotomy heads the list with			100	per cent.	of fœtal	deaths.
Cesarean section	"	"	13	"	"	"
Porro's operation	"	"	14	"	"	"
Symphysiotomy	"	"	11¼	"	"	"

The maternal mortality for		Embryotomy is	6	per cent.
"	"	Cesarean section.	8	"
"	"	Porro's operation.	11	"
"	"	Symphysiotomy.	1¼	"

Thus the question of what is to be done in the above assumed case is answered in unqualified terms. The evidence is so strong in favor of Symphysiotomy, that comment seems useless. The only other question that concerns us is: In what particular class of cases are these operations indicated? Taking them in order, we will have the indications.

For *Embryotomy:*

1. On the dead child before decomposition or sepsis intervenes.

2. On monsters and hydrocephalic cases.

3. When, after a long tedious labor, with ineffectual attempts at forceps extraction, the child is believed to be dead.

For *Cesarean section:*

1. Where the conjugate diameter is below 2⅝ inches, the fœtus being of normal size or larger.

2. In the transversely contracted pelvis of Robert, or the obliquely contracted and distorted pelvis of Nagele.

3. Where obstruction from any cause exists so that deliv-

ery by Symphysiotomy is impracticable, or when the indications for the Porro-operation are absent.

The indications for the *Porro operation:*

1. Where there is evidence of infection to the uterus or to the parturient canal, with the hope of avoiding puerperal complications. Some go so far as to recommend the operation when infection is *feared*, simply preferring to be on the safe side.

2. In uterine atony, to prevent postpartum hæmorrhage and sepsis.

3. In cancer of the cervix, and when large uterine fibroids or myomata are present.

4. When for any reason it is imperative that future conception should be prevented.

Lastly, the indications for *Symphysiotomy* are :

First. When a viable child is present and the operation can be resorted to before the patient has become exhausted.

Second. Where there is a conjugata vera not less than 2⅝ inches, and where there is good evidence that with a pubic separation of, say, 2½ inches, a living child may be extracted.

Third. When the chin presents posteriorly, and is so jambed down in the pelvic cavity as to render rotation impossible.

As symphysiotomy is at present engaging the attention of so many operators, and interesting even those who never aspire to surgical distinction, it may not be out of place to run over briefly some of the technique necessary to its successful performance, even at the risk of tiring you,

First. Observe the same aseptic precautionary measures as in cœliotomy.

Second. With the patient in the dorsal decubitus, flex and thoroughly abduct the thighs.

Third. Dilate the cervix, unless nature has already wisely anticipated you, and made such interference unnecessary.

Fourth. Introduce silver catheter, and protect the urethra by depressing it to one side of pubic arch.

Fifth. With scalpel make a vertical incision of about three inches in length over the pubes, beginning about three-fourths of an inch above the symphysis, and extending to and a little to one side of the clitoris, dividing skin, fat and recti muscle attachments.

Sixth. Separate the retro-pubic tissue with the finger, after first protecting the bladder by pushing it back.

Seventh. Pass the left index finger beneath the arch, and hook it around the posterior inferior angle, using it as a guide for the Galbiati falcetta, or the small curved knife of Dr. Harris, or, in the absence of anything better, an ordinary blunt pointed bistoury, cutting the interarticular space from within out, and from below up, when the bones will separate spontaneously from an inch to an inch and a half. In case the symphysis be found ossified a chain saw will have to be substituted for the falcetta or bistoury.

Extreme care in dissection is necessary in order not to wound the urethra or the dorsal branch of the pubic artery, which supplies the clitoris. It passes close to the anterior surface of the horizontal ramus and near the symphysis.

Next, apply the forceps and deliver, having an assistant press and support the ossa innominata during the passage of the foetus. If the uterine contractions are sufficiently strong to effect delivery, of course the forceps are contra-indicated.

Eighth. After removing the placenta, unite the adipose tissue and skin with deep and superficial silk sutures ; dress with cotton ; apply two or three wide strips of rubber adhesive plaster over the trochanters and entirely around the pelvis, bandage tightly the hips, and more loosely the thighs, and put the patient to bed in the horizontal position, and by keeping her absolutely quiet for a period of four weeks perfect union may reasonably be expected.

This operation is the simplest and safest of any we have mentioned, and it is not now, as formerly, regarded as unscientific and dangerous, resulting either in death or in life-long injuries to the patient. Works on obstetrics a year or two old treat the subject with supreme indifference ; some of them (Lusk, for instance) not considering it worthy of mention. Parvin ends his lengthy discourse of four lines and a half with these prophetic words: "The American obstetrician will find no condition justifying its performance, and, therefore, it is dismissed with this brief reference."

Winckel, in his voluminous work, condescends to give the subject a passing recognition, but is unable to refrain from the expressed hope that the few lines he has given to its consider-

ation may hasten the operation once more to a silent burial, to remain forever entombed.

Notwithstanding these and many other adverse criticisms, the fact remains that many operators are in the field claiming the best of results. These are notably Morisani of Naples, 22 cases without a failure; Noble and Harris of Philadelphia, the latter, as stated above, having 44 cases in six and a half years, with a loss of one woman and five children; Chas. Jewett of Brooklyn, who was the first American operator, September 30, 1892; Bullezzi of Bologna; Pinard of Paris; Leopold of Dresden, and a host of others who have had fewer operations, but relatively as great success.

This paper is offered to this society not with the intention of presenting anything new, nor for the purpose of deciding upon the merits of the operations under consideration, but rather to provoke a liberal discussion, such as will tend to throw more light upon the subject, especially in regard to symphysiotomy, of which Burford, of England, says: "The relative ease and the absolute efficiency of this operation, its freedom from the risks of Cesarean section, and its immense superiority over perforation, bespeak for it a most brilliant future."

THE ENGLISH NURSE.—Our valued contemporary, *The Record*, says:

We fear that fashion has done almost too much for English nursing. Some specimens wander over to this country. They are usually well trained, but carry themselves with such a conspicuous air of self-restraint and such obtrusively repressed gentility, that it does not seem right to ask them to empty the urinal. Good breeding is an excellent, and, indeed, indispensable thing for a nurse, but our English sisters seem to carry it on their sleeves like the other insignia of their office. So we say that perhaps fashion has made nursing too fashionable.

Dr. J. P. Armour, in *The Medical News*, furnishes a sprightly paragraph which the impetuous youngsters of the freshman class will do well to ponder:

The insane rush of young men, and women, too, into the profession is chiefly owing to the extravagant puffing of a considerable portion of its members regarding the financial results of their labor. I have a couple of physicians in mind, with whom

I was familiar both as a youth and after entering the profession, whose careers are somewhat typical of the "booming" class. The one was the leading physician of a large town. He claimed and was generally accredited with doing a practice of $25,000 a year. He lived quite inexpensively, except in the matter of horses, several of which he always kept to encourage business, and after struggling with a practice of this kind for twenty-eight years, he suddenly collapsed, leaving his creditors in it for $20,000. The other practiced in a small village, and for years had done a tremendous practice; kept half a dozen horses, slept little, and had rarely time to take his meals; he lived quite inexpensively, except in the matter of horses; he took but one holiday during his whole career; and he affected, and was generally supposed to be possessed of fabulous wealth; and after a laborious professional life of forty years, departed, leaving an estate valued at less than $5,000. I can name a score of men in the profession today, who have been lured there by the boasting of these two. This unmanly habit afflicts the profession to a disgraceful extent, and does it more injury than any other affliction to which it is subjected.

"The Limits and requirements of Gynecology" is the subject of a paper by Dr. Edward W. Jenks, of Detroit, published in *The Medical Record*. The paper throughout is full of sound suggestions. Among other things, Dr. Jenks says:

The astonishingly brilliant achievments of abdominal surgery of late years, has brought this department into great prominence before the medical world. The percentage of recoveries of the successful operators has become so large that its recital would have seemed a fairy tale to the ovariotomists of a quarter of a century ago. While it is a laudable ambition to make many operations, and especially have a large percentage of recoveries, there is a much higher aim; that is, to cure the patient; and it is a well known, but not generally acknowledged fact, that recovery from an operation and cure of the disease are *not* synonymous terms. The subsequent history of many of those operated upon would often be a sad recital of aggravated suffering. This is a grand central question around which many things turn. It is a melancholy truth that tyros in the profession, so far as general medical knowledge is concerned, have become expert abdominal surgeons and have acquired proficiency in technique, but without the diagnostic skill which should accompany it, and which some experience in general medicine alone furnishes. Such men as these are not fair representatives of the best gynecologists of the present time.

Further, these surgeons frequently point with pride to the great number of recoveries, yet many of these reputed recoveries are not *cures*, as subsequent results show. Removal of the ovaries and Fallopian tubes for pain, *per se*, has not been productive of many cures, nor has the same surgical operation for mental disorders been more satisfactory. It is very evident to every conscientious, careful gynecologist, that anæmia, the multiform varieties of neurasthenia and hysteria, play an important part in the production of pain.

The Treatment of Gangrenous Hernia. — The proper course to pursue when the contents of a strangulated hernia are found to be gangrenous, was again the subject of recent discussion at the Royal Medical and Chirurgical Society. A paper on this subject was read by Mr. Kendal Franks, of Dublin, who related a case which had occurred in his own practice, and presented a table of 222 cases of gangrenous hernia in which resection of the bowel had been performed. The mortality in these 222 cases amounted to forty-eight per cent., while in a rather larger number of cases in which the surgeon had contented himself with making an artificial anus, the deaths amounted to eighty per cent. Largely on this ground, Mr. Franks urged that the old operation of Lawrence should be, as a general rule, abandoned in favor of immediate circular enterorrhaphy. This view was practically unanimously supported by the surgeons who took part in the debate, and it may be taken to be the view of the more advanced surgeons of the day. —*The Lancet.*

Post-Mortem Pointers.—In *The Medical and Surgical Reporter*, Dr. Henry W. Cattell lays down these rules to be observed in conducting post-mortem examinations:

Get all the anatomical knowledge you can out of every autopsy you make. It is, therefore, usually advisable, especially in the case of females, to perform a preliminary laparotomy. Many surgical operations can be practiced upon the body without disfigurement, such as Alexander's operation, oophorectomy, removal of the ear ossicles, and vermiform appendix, stretching of the sciatic nerve, symphyseotomy, etc.

Do not forget to dictate the post-mortem notes while the autopsy is in progress.

Respect the feelings of the friends in every possible manner, and always return everything in a private house to its proper place. Be sure to leave no blood marks behind.

Be sure you have a legal right to make the post-mortem before you begin. The nearest relative, or the one who is going

to pay the expenses of the funeral, should give the consent in writing.

Try to encourage a demand among the laity for the performance of autopsies.

In making an autopsy have a regular method for its performance, which is only to be modified by exceptional circumstances. Finish the examination of each organ in as thorough a manner as possible before the examination of another is commenced.

Label all your specimens at once with name of person from whom the specimen is removed, character of the specimen and relations in the body, date, and preservative fluid employed.

Tact will get you many autopsies; curiosity of relatives and friends can often be worked upon to get permission for an autopsy.

As the object of the autopsy is usually to find out the cause of death, either for legal or scientific purposes, the post-mortem should, therefore, be conducted in as thorough and accurate a manner as possible.

In legal cases be sure to protect yourself in every possible way. The jars (which should never have been used) containing the specimens, should be sealed in the presence of a witness. In important cases here in Philadelphia, the Coroner has both of his physicians present at the autopsy, so that the testimony is stronger; and in case of absence of one of the physicians, the other can go on the witness stand and the case not be postponed.

If you value your peace of mind do not put yourself forward as an expert witness in medico-legal matters. Knowledge which you already have should be freely given to the court in criminal cases, but the court cannot compel you to obtain expert knowledge without your consent.

In Germany the legal evidence of a post-mortem held by gaslight has been judged by the court, except under certain peculiar circumstances, to be void.

Many signs of inflammation, especially of the mucous membrane, disappear after death. Remember that red flannel often colors the skin red.

Make the undertaker your friend. Do not recommend an undertaker who disapproves of post-mortems.

It is a good knife that will keep its edge in more than one post-mortem.

Do not jump at conclusions too quickly. Tentative diagnoses alone should not be made until the post-mortem is complete.

Always weigh the important organs, and have some method by which you can tell the right from the left organ in case of

the double ones. One nick in the left-sided organs and two in the right will readily distinguish them.

Wash your hands frequently during the performance of an autopsy, so as not to allow the blood to dry on the skin.

In writing the account of an autopsy, describe what you see; do not use names of diseased conditions. These should be put in under the head of pathological diagnoses.

Urine or aromatic spirits of ammonia will best take the odor from your hands. This odor is usually got from opening the intestines.

The dissecting-room is a poor place to study pathology, on account of the chloride of zinc forming with albumen an insoluble albuminate of zinc.

Nervous tissue for microscopic study should not be placed in zinc chloride or in alcohol.

Remember that a post-mortem, with the exception of the brain and cord, can be made with a penknife.

Before removing the calvarium have a basin so placed that it will receive the blood and cerebro-spinal fluid.

A lesion in one part of the body will often suggest a careful search for a lesion in another part of the body.

Do not mistake the normal for the abnormal.

Three hours is none too long in which to make a complete autopsy.

Be careful that the first rib does not scratch your hands when removing the tissues in that region. Therefore cover over the cut ends of the clavicle and ribs with the skin flaps.

Remember that after the brain has been removed the fundus of the eyes can be removed by a circular incision posteriorly, without disfigurement. The inside should then be stuffed with dark colored wool or cloth.

In private cases you will be frequently judged of your skill as a pathologist by the neatness with which you sew up the body.

If you discover suspicious lesions, always stop the post-mortem and report the case at once to the coroner.

Remember in warm weather that the intestines are especially liable to undergo rapid decomposition when exposed to the air.

Remember that a railway train or cart may pass over the body, and there be no abrasion in the skin more than a brush burn.

In removing the cord, the following method may be used without disfigurement to the skin of the back part of the neck. Make a circular incision from the middle of the trapezius muscle of the one side to the middle of the same muscle of the other side, using as the center of the circle the external occipital protuberance. This will take you in the median line to about the second dorsal vertebra; then dissect away the skin

with muscles attached, and elevate this flap with a tenaculum and draw the shoulders backward. A sufficient amount of space will be given to then remove the cord in the usual manner.

If the rectus muscle on each side be cut near its origin, in the direction of Poupart's ligament, the abdominal cavity will be much more thoroughly exposed to view than in the ordinary manner. First, however, examine with the finger for hernia.

And, lastly, be honest. Every one diagnoses lesions during life which are not found at the post-mortem. Even after a most careful post-mortem, it is often impossible to tell from what the patient died.

PRIMARY PERINEAL OPERATIONS.—Dr. Mordecai Price, of Philadelphia, in a paper in *The Medical and Surgical Reporter*, says:

In bringing to your notice this subject, I desire only to present my own experience, and to emphasize the importance of careful vaginal examinations after labor. Injury may occur at any time from the dilatation of the cervix to the expulsion of the child. The cervix may be torn to the opening of the peritoneal cavity; the vagina torn from the cervix, or down the median line, and, including the bowel, from the cervix to the sphincter; or the line of rupture may be to the side in the sulci, and extend very deep into and including the sphincter. Most of the sulci tears are inside, leaving the fourchette in its natural position, and without careful examination after delivery, no one would suspect the perineum had been injured. Yet some of the worst injuries to the pelvic floor are altogether inside; even the bowel and bladder may be opened without any tear on the outside. Then we may have the vagina torn transversely as the head crowds the walls before it in labor. These tears may extend through the entire septum to the bowel, and there are cases where the child has been delivered through the bowel. So you can comprehend the terrible accidents to the soft parts of the mother in labor are to be, in the first place, avoided if possible, and if not, the immediate repair of the injury is demanded as soon as the labor is finished, and before the woman is placed in bed for rest.

THE CLINIC.

CLINICAL MEDICINE.

In our earlier history, medicine was entirely clinical. Theory as to the action of a drug or a combination of drugs, when taken into the body, did not exist. The patient got both medicine and theory at the same time. This condition of things continued for several hundred years, until the dawn of a greater enlightenment smiled upon a benighted world. Then theory began to creep into the curriculum of study, till in course of time every thing else was overshadowed by it. Very many of the lower animals that were available were experimented upon with all kinds of nostrums, that a theory as to their operation on man might be established. We have no evidence that it ever occurred to the experimenter that a certain result produced upon the lower animal would not necessarily be the same on the higher animal, man. Even admitting that a beautiful theory was established, yet it remains to be proven that the reasoning from a lower to a higher grade of life through the uncertain medium of chemical action would produce reliable facts. What we want here as well as elsewhere are reliable demonstrable facts. Nothing else will do. A theory that is not redeemable at par in absolute fact, is born only of empiricism.

It is very much like a mirage that leads us whithersoever we are turned, only to present again to our fevered imagination the same arid plains by which we were before surrounded. We want something practical—something that will not only be of use to us, but that is capable of being enlarged, embellished and made more enduring, that those who are to come after us may not only see the evidence of progress, but learn the lesson therein taught. Aside from any good that we may do in a life-long practice, let it be a sufficient excuse for our existence that we advanced the science of medicine while we lived.

There seems, however, to be a growing tendency on the part of some to do things in such a way as to leave no evidence either of painstaking or of material added to the sum of our knowledge. This is evidenced by the fact that very many of our large drug houses are sending out agents with ready made

medicines for every disease by name to which human flesh is heir.

This, of course, is a very convenient labor-saving scheme. The patient comes into the office, often diagnoses his own case, and all the physician has to do is to take down the properly marked medicine, hand it to him, take his fee, and await the next. The amount of labor is small, the result proportionately great. The value of experience gained absolutely nothing. Our own pharmacies are given to a very similar practice. Within the last few months we have received circulars from some of them, with many different preparations advertised, each containing two or three drugs, combined in the form of tablets, and representing as many different diseases as there were preparations. This state of things would not exist unless there was a demand for this class of medicine. The pharmacies are not so much to blame as the profession. This will, of course, lead to routine practice, and that by an easy grade to the automatic. At about this stage of progress, the pharmacies will take another observation of the signs of the times and place "a dollar and a half" "in the slot machine," with a full line of these preparations in the physician's office, so that when Mr. Biliousness, Mr. Headache or Mr. Stomachache comes in, he can pull the proper string and receive his medicine with directions, while the doctor is away preparing his horse for the spring races. As we have already intimated, nothing whatever is gained by this sort of practice. In fact, I believe that any one would forget many valuable things that he has already learned, so that instead of adding anything to our knowledge of medicine, he would only prey upon that which already existed. We are severally and collectively responsible for the improvement that ought to be made in our day and generation.

Aside from researches in new fields, there is no other way of making progress, except by adding to that which we already possess. We have a valuable collection of Materia Medica, every symptom of which is as real and as capable of demonstration as the drug itself. The cause has already operated, and we have the effects recorded in drug pathogenesis. When the cause is positive, the effect is capable of demonstration. Your reasoning has a proper basis, and your conclusions will be facts. In applying a homœopathic medicine clinically, you

are reasoning from a positive effect to a possible result that can be demonstrated by experience. This is the inductive reasoning, and will lead you back to the first proposition, the deductive. An abundant clinical experience of this positive nature incorporated into our Materia Medica will give to each symptom so tested the full force of the syllogism, and render the pages of our Materia Medica much more valuable to the busy practitioner. It will hardly be necessary for me to add, that it should be the special province of the Bureau of Clinical Medicine to select and assort any such material as may come into their hands for future use in enlarging and embellishing the Materia Medica that we now have.

WAS IT A MARK?

Little Helen S. was born Aug. 26, 1891, and was to all appearances a healthy child, and the parents also were healthy.

The mother had borne four children previous to this one, the first one was deformed and was still born.

I was called upon to prescribe for the present infant on the fourth day after birth, and found her vomiting frequently, and also having frequent diarrhoeic stools.

Chamomilla 3x put a stop to this train of symptoms.

Sept. 20.—I was again called upon to prescribe for the child.

Constant fretfulness, <after midnight.

Apthæ on cheeks and tongue.

Vomiting of curdled milk.

Constipation; stools brown; colic.

Wind acrid, excoriating parts.

Lying with eyes half open.

Sweat about head.

Had cried almost incessantly for twenty-four hours.

Sulph.cm (S.) three doses one half hour apart.

Sept. 21.—After the second powder she became quiet, and slept all night. She passed wind soon after taking the medicine and this morning the bowels moved nicely.

An <toward night was relieved by a single dose of Sulph.cm (J.) at once.

Sept. 22.—Better, apthæ all gone, child apparently all right.

Sept. 30.—Was called again the apthae having reappeared,

and having apparently traversed the whole length of the alimentary canal.

Vomiting directly after eating.

Trinteria, acrid, excoriating stools.

The child was now eating Carnrick's food, the mother's milk having failed.

Arsenicum 6^{x} night and morning.

Oct. 2.—No better, lies with half closed eyes; vomiting; Sulph.^{cm} (S.)

Oct. 5.—Vomiting better, apthæ worse, other symptoms the same; Men S. 3^{d}.

Oct. 9.—Situation unchanged, emaciation, changed to Nettle's food. Sulph.^{cm} (J.)

Oct. 12.—No improvement; Aes ^{200}, four doses, one half hour apart. The relief was almost instantaneous, and all the symptoms continued to improve until the 15th at noon, when convulsions set in.

Hellebore, and later opium controlled the convulsions, but on the morning of the 16th she died.

Last March the mother's aunt died of stricture of the œsophagus, and for weeks previous to her death she had been subject to terrible fits of retching and vomiting, and it seemed sometimes that she must tear herself to pieces. Mrs. S., then somewhat advanced in pregnancy, was present at different times during these spells of vomiting.

Query.—Was this disposition to emesis, on the part of the child, a mark? If not, why should an apparently healthy child vomit the milk of a healthy mother persistently?

As my prescriptions were made after consulting the repertory (Lippe,) and the action of the remedies carefully watched, I cannot but believe that the lack of response to well selected remedies was due to the preternatural irritability of the digestive organs, imprinted upon them in utero, by the sympathy excited in the mother by the sufferings of her aunt.

FREDERICK HOOKER.

Syracuse, N. Y.

[If so, why not have taken the character of the mental shock into the question of the totality of symptoms, when selecting the remedy?—ED.]

CASES FROM PRACTICE.

WM. ROWLEY, M. D., INDIANAPOLIS.

Miss ——, age about 17 years; emaciated, with general pallor and depressed expression of countenance; weakness; sensibility exalted, even touching the skin causing pain. The menstrual flow never properly established, and at the time of coming under my treatment the menses appeared at irregular, though usually prolonged intervals. The flow abundant and followed by sense of uterine prolapsus and general weakness. Bowels inclined to constipation. Has been in the habit of using salt to excess.

In treating the case the use of salt was restricted, and one dose of Nat. Mur. ^{200} given, which was followed by general improvement; the menstrual flow assuming its regular condition and strength, and general health being restored. Only the one dose given.

Miss ——. Menses appearing for the first time in healthy condition, but on the fourth day, from exposure to cold and getting the feet damp, suppressed, with a good deal of headache, nausea and vomiting. The suppression continued for about a year, when the menses again appeared, with nausea and vomiting, continuing for about a month in small quantities, but daily. After about three months, sudden discharge of bright red blood, profuse, with coagulation, more especially when urinating; smell offensive. Cheerful disposition and desire to be on her feet and moving about, but this aggravates. Pallor around the eyes and mouth, the rest of the face bright red.

Has been under what professed to be homœopathic treatment. Remedies alternated and often repeated at an hour's interval, but the desired improvement was wanting.

The remedy selected was the Puls. ^{200} of which three powders were given, to be taken not more frequently than two days' interval. The result was restoration to health.

For the next case I trust you will allow me to select a different species, as the effect of the remedy is the main point to be brought forward. I introduce a spring chicken about four months old. The first two months of its life were passed without anything special to report in the line of health; but from

this time symptoms of disease appeared, the intensity of which gradually increased.

In order to classify the disease, I have restricted the name within the bounds of chicken cholera or gapes, and should the diagnosis be incorrect, the proper adjustment may be left to other hands. The description of the symptoms shall be made with greater care.

All hopes of life had been given up and death expected before the close of the day. The symptoms were excessive weakness, with inability to walk but a few steps without stopping to rest, the wings drooping and scraping the ground. Diarrhœic discharges, frequent, watery and whitish, involuntary; respiration very much oppressed, every third or fourth inspiration being somewhat spasmodic, and causing the noise usually heard in this disease. After considering the symptoms, the remedy selected as the most closely corresponding was Calc. Carb., which was given in the 200 dilution, the medicated pellets being poured into the mouth.

The medicine was given in the morning, and on the evening of the same day, persons who were not aware that anything had been used for the relief of the chicken expressed their surprise that it was even alive, and they thought showed evidence of improvement. This was so, and a continuation of the improvement soon resulted in complete restoration to health. The one dose of the remedy was sufficient.

COLOCYNTH—CLINICAL VERIFICATION.

H. F. SMILEY, CHICAGO.

D. D. C., aged 50 years, came to me Saturday, June 4, saying he had been suffering more than a week with pain in both limbs, extending down the thighs and sometimes into the calves and heels. When sitting upright on a chair, or standing still in certain positions, or even walking about on a smooth surface, the pains were absent, but getting up or sitting down, the sharp, cutting, crampy pain was "damnable." He could not lie down, and had slept sitting up five nights. There was no swelling or redness—no tenderness on pressure—no relief from the application of heat or liniments—appetite good—bowels regular—slept well, considering the position, and feeling well excepting as above stated.

He received one dose of Colocynthis^{cm}; went to bed that night and slept soundly; went to work Monday and has not had a twinge of pain since.

June 24.

DIPHTHERIA—KALI BICHROMIUM.

J. R. HAYNES, INDIANAPOLIS.

Was called to see Fred, about five years old; light complexion, light brown hair, blue eyes; medium in size for his age.

I found that he had a severe case of diphtheria; the throat swelling commenced on the left side and extended over to the right. The swelling was very hard upon both sides, very tender to the touch. Upon examination found a large, dark ulcer upon the left tonsil, with a smaller one upon the right. Around these ulcers was a fiery red border extending over the fauces; roof of the mouth of a dark, ashy color; gums red and dry; tongue coated with a dark brown coating; sticky mucous in the fauces, which was hard to dislodge; dry, hacking cough, which was very painful to the throat; swallowing very painful, worse upon empty deglutition; nose stuffed up with sticky mucous; edges of the naries sore; a putrid, sickening smell from the mouth; pulse 130; skin hot and dry; great soreness in all of the muscles of the limbs and body; thirsty, but swallowing so painful that he would rather go without than suffer the pain; urine scanty and high colored; had no appetite for several days before the attack.

℞ Kali Bichromium 10^{m}, one dose dry on the tongue, and Sac. Lac. in water every two hours one teaspoonful.

At the evening call showed signs of improvement. Sac. Lac. as before.

The next morning call found less soreness and less putrescence; could swallow with less difficulty; tongue beginning to clean up; ulceration not so angry; swelling less and not so tender.

Sac. Lac. as before. He wanted to get up and be dressed, which was strictly forbidden.

The next morning all swelling had disappeared; ulcer on the right tonsil healed and on the left nearly gone; tongue nearly cleaned up; could swallow without much difficulty; pulse normal; no putrescence from the throat; wanted every thing he

ever thought of to eat. Was ordered to stay in bed and take Sac. Lac. as before.

The next call found both ulcers healed, tongue clean, no putrid smell from the throat; could swallow without difficulty; pulse normal; was allowed to get up and dress, but must not go out of the room; Sac. Lac. for three days, and ordered to be very careful to not take a fresh cold. Discharged as cured; there was no further trouble.

Gilbert ——, aged about four years; light complexion, light brown hair, blue eyes; rather nervously disposed.

Was called to see him; found a bad case of diphtheria; the throat swollen, the tonsils very hard and sore. The swelling commenced on the right side and passed over to the left side; a large, dark colored ulcer on the right tonsil, and a smaller one on the left; the whole fauces of a fiery red; tongue heavily coated, dark brown; roof of the mouth of a dark, ashy color; gums of a dark red color; dry, hacking cough, which was very painful to the throat; swallowing very painful, worse on empty deglutition; putrid, sickening smell from the mouth; muscles of the body and limbs very tender to the touch, which made him very restless; pulse 134; skin dry and hot; urine scanty and dark color. Was very babyish, wanted his mother to sit by him all of the time. Nose stuffed up so that he could not breathe through it, with a sticky mucous; edges of the naries sore, and smarted and burned. ℞ Kali Bichromium, 10m., one dose dry on the tongue, and Sac. Lac. in water, one teaspoonful every two hours.

The next morning much better; ulceration improved, entirely disappeared on the left side, and much smaller on the right side; could swallow with less difficulty, and began to fuss for something to eat; urine more copious and lighter colored; had slept fairly well, cough better and the smell not so putrid; mucous less sticky; naries partially cleared out; not so restless. Sac. Lac. as before.

The next morning the ulceration on the right tonsil healed, but still tender and red; no putrescence; tongue nearly clean; no cough; could swallow without pain; had slept very well; urine nearly normal; appetite fairly good; wanted to get up and be dressed, which was not allowed. Sac. Lac. as before.

The next call all symptoms had disappeared and the patient

pronounced well, but care must be taken for a few days; ordered to take Sac. Lac. for three days, and should anything new come up, to be notified at once; has had no further trouble from that cause.

Ella W——; light complexion, light brown hair, blue eyes; looked robust; about three years old; always good-natured.

Was called to see her; found a hard swelling on both tonsils, and, as near as could be ascertained, they both commenced at the same time. I found upon both tonsils large, putrid ulcers; the fauces of a fiery red; tongue heavily coated, dark brown; sticky mucous in throat, and fauces naries stuffed up; swallowing very difficult; dry, hacking cough; urine scant and high colored; all of the muscles sore to the touch; rather restless, but good-natured; would stay alone, but preferred to have her mother close by her. ℞ Kali Bichromium, 10m, one dose dry on the tongue, and Sac. Lac. in water every two hours; and to be kept as quiet as circumstances would permit.

The next call found an improvement in all of the symptoms. Sac. Lac. as before. At the next call found the ulcers healed, the swelling gone, the tongue cleaned up, swallowing without difficulty; appetite very good; still a slight redness of the tonsils and fauces, but considered the case well; left Sac. Lac. for a few days, and cautioned them to be very careful that she did not take a fresh cold, and should she do so to let me know as soon as possible. There was no further trouble, and she has remained well ever since.

Susie D——. Was called to see her; aged about three years; quite large for her age; light complexion, light brown hair, blue eyes; generally good-natured, but now rather cross; did not want to be handled.

I found both tonsils swollen hard, and tender to the touch, with putrid ulcers on both sides; roof of the mouth dark ash color; fauces fiery red; gums dry and red; tongue coated brown; sticky mucous in the fauces; nose stuffed up; stench from the mouth; urine scant and high colored; muscles tender to the touch; fretful and restless; swallowing very difficult and painful; wanted some one with her all of the time, or wanted to be carried about the room.

℞ Kali Bichromium, 10m, one dose dry on the tongue, and Sac. Lac. in water, one teaspoonful every two hours.

The next call found an improvement in all of her symptoms. Sac. Lac. as before.

The next call found the ulcers healed, swelling nearly gone, tongue cleaning up; could swallow with less difficulty; tonsils and fauces still red and looked tender. Sac. Lac. as before.

The next call found the tonsils looking quite natural; tongue clean; very good appetite; could swallow without difficulty.

Was pronounced well; at the same time they must be careful for a few days, and see that she did not take a fresh cold.

Left Sac. Lac. for a few days, and to let me know should anything new come up, or if she did not get along all right.

She has remained well since, or rather has had no further trouble in that line up to the present.

MALARIA.--NATRUM MURIATICUM.

G. J. WAGGONER, LARNED, KAN.

This portion of the Arkansas valley is wholly exempt from Malarial influences. The altitude being nearly three thousand feet above sea level gives a dry, stimulating atmosphere peculiarly adapted to the wants of sufferers from malarial miasm, and it is believed that the miasm is more readily evolved here than in most other places. In many instances it is found impossible to relieve the symptoms of this miasm in eminently malarial districts where it has been acquired, especially where, or in such cases as have been suppressed, as is too often the case, by the use of quinine. A few instances in point may be found of interest and profit. J. L. W., æt. 43 years; of meager physique; dark and sallow; eminently scorbutic; had when a child a severe ague in Woodford County, Illinois, which was cured (?) several times with quinine. This was followed by gastric and intestinal derangement of serious and threatening character. There was either canine hunger or anarexia with loathing of food. Every summer had a siege of bilious fever continuing from one to three months. This fever was always accompanied by more or less hemorrhage from rectum, and continued after the fever in a modified form during the rest of year, attended by a form of chronic diarrhœa. In 1877 he went into the hands of Doctor George A. Dean, now Professsor Dean, of the Kansas City Homœopathic College. In August of that year, 1877,

Doctor Dean turned the patient over to me. From that time he has been under my care at Minonk, Illinois, until 1891. In the summer of 1892 he came perilously near his end under other treatment. In January, 1893, he came to Larned and placed himself again under my care. During the latter part of winter and spring he made very satisfactory improvement, but in the beginning of summer began to show symptoms of return of fever accompanied by severe ophthalmic complications. Mentally, greatly depressed, with complete despair of recovery. The eye symptoms were peculiar in that the lids lacked the power of lifting, and the mucous, or lachrymal secretions obscured the sight to such a degree that he could distinguish nothing clearly, Gave one dose of Psorinum^{cm}, which relieved mental depression and controlled the most of eye symptoms. But on the following day there was developed a beautiful paroxysm of Ague, commencing at 11 a. m. The chill lasted about an hour in a mild form, followed by fever until three or four o'clock, and this by sweat and relief of all symptoms until the second day after, when it was repeated in like manner. He then got a dose of Nat. Mur.$^{c\ m}$ which corrected the febrile symptoms, together with most of the others, and he continued to improve during summer and fall. In Illinois the best means at my command were employed for his benefit, resulting in but partial control of the disease. During the earlier times there, the feet and legs were covered with deep, painful and itching ulcers, which had to be fostered and promoted by such remedies as would aid ulceration. He has since returned to Illinois and is in fairly good health. Here one might indulge in lots of philosophy, but it suffices that I could not cure this patient in Illinois, but could here.

The following case may serve to illustrate quite a different phase of the disease. W. H. M., 40 years of age; a man of strong and sound health, got the fever in Oklahoma, some two years ago. Was treated there some ten or twelve months, scientifically, and cured (?) several times, until his physical and financial resources were exhausted, when he came here. During the greater portion of the time the disease took the form of Tertian Ague, but soon after his arrival here, under the treatment of my friends—the Allopaths—it changed to a Quotidian, and became more serious and alarming. Hereupon a change of

physicians was had, and, following a positive promise of speedy cure, the fever became Quartan and remained so until I first saw him, May 22d last. Was called about seven p. m., and found that the chill had come on about four p. m.; had lasted about an hour with violent shaking, followed by a fever heat for a like time. His mental powers were wholly subjugated. His thirst was intense and unappeasable, and a state of complete exhaustion possessed him. This I learned had been the condition of things for nearly a week. It was difficult to get symptoms as we Hahnemannians like to get them, so I gave a dose of Lyc. 2c as much on account of the time of paroxysm as anything, and left a goodly supply of Sac. Alb. Heard from him that evening at ten to eleven, that the mind had reasserted its supremacy; had called for food, and was then sleeping quietly, which he had not done for a long time. He had a slight chill on the third day after without any fever, and accompanied by none of the former untoward symptoms. When the paroxysm had passed he got a dose of Lyc.cm which was probably a mistake, as the remedy should never be repeated while improvement is going on. In a few days he was at work and at last accounts was well.

August 11th last was consulted by Mrs. Geo. H. M., æt. 40, fair and fleshy. Had been treated from time to time for nervousness, laryngeal spasms and diabetes (?) The history revealed a life of wretchedness since some eighteen or nineteen years, when she had ague for a long time, but was finally cured by her father, a homœopathic (?) physician. At this time her greatest trouble arose from the fear to go to sleep and conditions on waking. Suddenly something would come into her throat and interrupt breathing; would awaken suddenly and with alarming hallucinations. Some one standing in some part of the room; sometimes a member of her family and at others a stranger. These things sometimes occurred to her in the day time. This was a subject on which she was rather reticent, and it was brought out little by little. In addition to, or more probably in consequence of this, she suffered much from insomnia and anorexia. There was hoarseness and huskiness of voice, with a tendency to "clear the throat," and some expectoration. Otherwise than this, there was but little apparent derangement. Gave a dose of Lach. 2c. and placebo for

a week. On next consultation found there had been none of the untoward symptoms since first call. She could go to sleep without fear and rest all night in comfort, and saw no more ghosts. There remained some of the huskiness of voice, with a sense of some irritation. Gave Sac. Alb. for another week or ten days. On next call the patient was greatly alarmed by the fact she had got, as Byron says, a "tertian ague." The chill came about eleven a. m., lasted an hour, followed by fever, and finally relieved by sweat. She got a dose of Nat. Mur., 1m, and s. l. This was followed the next day by a far more violent paroxysm of ague than the first; not so much in the chill as in the fever, which "seemed that it would burn her up." I advised them that it was medicinal aggravation; to take smaller doses (of the placebo), and not so often. The next day all symptoms ceased, and she has since enjoyed better health than she had ever known before, she tells me.

Mrs. G. P. N. aet. came to my office June, 22, saying that she wanted me to do something if I could for her stomach and bowels. She had no appetite to speak of, and what she ate soon gave her great distress, and that she never had action of bowels unless she took something; had almost constant headache with drowsiness; cross and irritable; her sleep did her no good after three or four in the morning, and she got up more tired than when she went to bed, was chilly all the time, even in hot weather. The history showed that she had intermittent fever very severely thirty-five years ago in the Mississippi bottoms, and that it was treated with large doses of quinine, and arrested for a time, but has never been free from it since; has had nothing but homœopathic (?) treatment for many years; but they could do nothing for her ague but with quinine, and nothing to relieve her bowels but with cathartics of some kind. At this time gave her a dose of Nux 1m and Sac. Pulv. At next call was feeling much better generally; had some appetite, and her food did not distress her as much as usual. Indeed, nearly all the Nux. symptoms had disappeared; but was having a distinct form of intermittent fever A mild chill at eleven a. m. followed by fever heat until two or three p. m., passing off with a moderate sweat. This was quite a surprise to her, as she had not perspired any for years. July 5, gave a dose of Nat. Mur. 1m and placebo. July 21 she came to say she was

worse again; her stomach was out of order and her bowels constipated, which had not been the case recently. There was burning in stomach with great thirst, and she vomited soon after drinking. The stool was difficult and painful; long, smooth and slender. I gave dose of Phos. 1^{m} and Sac. Alb., which soon corrected this feature of the case. This was followed by a return of the ague similar to that of July 5; gave another dose of Nat. Mur. 1^{m} with the usual saccharun, and again the periodical feature ceased. She now remained comparatively well until Aug. 11, when the old trouble showed itself in the periodical form, for which she got another dose of Nat. Mur. 1^{m}, correcting or palliating, which? This improved condition lasted till about Aug. 28. She now presented the state of things as when she first consulted me; very cold and tired, especially in the morning, but sleep, or none at all in afterpart of night; wretched and out of sorts all the time; severe pains in stomach two or three hours after eating, and bowels obstinately constipated: gave dose of Nux. 1^{m}. This corrected the trouble until Sept. 6, when the old hydraheaded intermittent again asserted itself. This time a "dumb ague" came on about four p. m.; very cold for an hour, followed by a burning fever and great thirst, passing off at nine p. m. Gave a dose of Lycop. 1^{m}, followed with Sac. Lac. The above symptoms ceased at once and the patient continued fairly well until Sep. 27, when there was again a return of the intermittent in a mild form, complicated with great irritability of stomach; distress from food while eating and following for some time with much wind in stomach and bowels; a wish to belch it up, but not in the least relieved by the effort. The fever was quotiden in form and very eccentric. Gave dose of Chin. 1^{m}. In a short time all of these untoward symptoms ceased, and she went on very well until Oct. 12, when she came in to say that she "had those horrid chills again." The chill came on at eleven a. m., lasting an hour, followed by fever with unquenchable thirst, after a couple of hours passing off with sweat and great relief. (For the sake of brevity I omit many of the accompanying symptoms, as headache, constipation, bad sleep, etc.) Gave a dose of Nat. Mur.^{cm}, which finished up the whole business. But Oh! with what a storm! All the symptoms she had ever had in her life were all jumbled together in

the most delightful confusion, and she knew she was going to die. I pacified her as well as I could, assuring her, she being a very pious lady, that we were informed in Holy Writ that the arch fiend when being cast out, always rent their victims fearfully, and again "before the coming of a strong disease, even in the instant of repair and health, the fit is strongest; evils that take leave on their departure most of all show evil." King John, Act III., Scene IV. I have no doubt now that a great mistake was made in this case in not giving the higher potency in the first place. That it would have saved all this circuitous work, and restored the patient to health from the first. There were many other cases of like nature treated during the past summer and fall with similar results, but they would come within this classification.

A very large majority of our people come or came here because of either broken fortune or broken health, the latter greatly predominating. They are all more or less benefited by the climate, but few of them really recover without the aid of the indicated remedy. And it is too often the case that this impaired health is the result of a chronic, ill treated and spupressed malarial miasm. I would not have the reader think that I am so much a crank on this form of miasm as to conclude that it is the *only* factor of ill health in these cases. There can be no doubt that the psora, scrofula, syphilis and sycosis of Hahnemann often plays a part. As my friend Doctor Crutcher says, "We have a monopoly of principles, and are consequently prone to philosophize." I need hardly remind the Doctor, that in writing of homœopathy, its philosophy can no more be omitted than the princely Dane in Hamlet. It is not my fault that Nat. Muriaticum plays so important a part in the treatment of these cases; but rather of those who mistreated them with quinine. Whether allopath, homœopath (?) or eclectic, like Barnabas, the Jew—

* * * I walk abroad o' nights,
And kill sick people groaning under walls.
Sometimes I go about and poison wells. * *
Being young, I studied physic, and began
To practice first upon the Italian;
There I enriched the priests with burials,
And always kept the sexton's arms in use
With digging graves and ringing dead men's knells.

Marlow's "Jew of Malta," middle of 16th century.

In the treatment of these cases, it reminds one of the improved lock—not the time lock of the banker's vault. You may turn and turn to all eternity; but when you have the combination you are in possession of the magic sesame. When we get the true simillimum, the case is cured.

WASHINGTON IRVING.—Few things in biography are more pathetically suggestive than the records of Irving's last year of life. He had been constitutionally weak from infancy, with delicate lungs, and a tendency to inflammation of the ankles, which often disabled him for either work or society. Latterly, cough, asthma and heart disease troubled him, accompanied by sleeplessness and strange nervous terrors, for which he was touchingly apologetic. But through all we see the sweet temper, the intellectual energy, and the gentle, half melancholy jesting, with which he combated increasing pain and weakness. "I am rather fatigued, my dear, by my night's rest," he replied to a niece's anxious inquiries. He was still at work on his "Life of Washington," and his chief dread was lest his brain might have been overtaxed. "I do not fear death," he said, "but I would like to go down with all sails set." His increasing dread of the night induced him to seize any pretext for sitting up; and he was never, writes his nephew, more delightful than during those long evenings. "All the interesting scenes of his life seemed to pass before him, a thousand anecdotes of persons and things of which we had never heard, related in the most graphic manner, and filled with all his old fun and humor." A few months before his death, Irving received a voluminous epistle from a stranger, asking permission to call on him. "Oh, if he could only give me his long wind," groaned Irving, "he should be most welcome."—*Temple Bar.*

ENCOURAGED by the favorable reception of Colonel Richard Malcolm Johnston's "Studies, Literary and Social," the publishers (The Bowen-Merrill Company, of Indianapolis) have brought out a Second Series, uniform with the first. Its contents deal with "Edward Hyde's Daughter," who was married to the Duke of York, afterwards James II.; "Benjamin D'Israeli, the Jew;" "A Characteristic of Sir Thomas More;" "A Martyr to Science" (Roger Bacon); "Some Heroes of Charles Dickens;" "The Extremity of Satire" (in Thackeray's "Vanity Fair"); "Irish Lyric Poetry;" "The Minnesinger and Meistersinger;" "The Audacity of Goethe" (especially in "Faust"); "King Henry VIII.;" and "Celebrated and Common Friendthips." These essays form a neat volume of two hundred and sorty pages, convenient to the hand and capable of going into fhe pocket.

EDITORIALS.

The mysterious disappearance of John Rice Miner last August delayed the settlement of the year's business with the Medical Advance Company, hence the delay in the issue of the January number; it being the policy of the journal to close up one year's business before the duties of the next are entered into.

* * *

The police power assumed by the State Board of Health and its auxiliaries in our cities and counties has aroused a spirit of opposition. The tendency toward a dictatorial and unnecessary interference with personal and private interests being the features most complained of. If the premise underlying the different questions of the public health were accepted as positive facts, the opposition would not be so pronounced; but too many boards presume to dictate upon questions of public safety when they have but a theoretical foundation upon which to base their decisions, and then attempt to ride rough-shod over the opposition that may be aroused by their action.

* * *

It is seldom that those charged with administrative duties make such happy appointments as that made by Gov. William J. Stone, of Missouri, in placing Prof. T. H. Hudson, M. D., of Kansas City, upon the State Board of Health. Dr. Hudson represents all that is noblest and purest in manhood, and is a splendid type of the progressive homœopath. He courts none of the conspicuous planes of life and his extreme modesty is really his greatest fault. He ought to keep his pen and his tongue more to the front. Readers of the ADVANCE everywhere will be gratified to know that his conspicuous talents have been so fitly recognized by the chief executive of his adopted state. "Two Decades in Medicine" will be read and admired, and will be a living force among men, when thousands of pretentious volumes have been covered by the dust of merciful oblivion. It is a plain, straightforward statement of truth; it rings with the force of conviction and leaves an impression never to be forgotten. We congratulate the profession at large upon Dr. Hudson's appointment.

We learn that the germ has at last invaded the vermiform appendix. This shows that the germ does not always exhibit good judgment, since the appendix is like a house of sand these days.

* * *

A Michigan physician writes a long article in the columns of an old school contemporary upon the abortive treatment of typhoid fever. Of course the germ is the objective point, as he generally is in all that an allopath undertakes. But so far as the treatment recommended is concerned it is likely to prove highly abortive—so far as patients are concerned.

* * *

As the time for the annual meetings of state societies approaches, let us express the hope that a flood of ringing homœopathic papers will be prepared, read, and discussed. In this connection we are pleased to record the substantial growth of the Missouri State Society, which is today at the front of all our societies in several important particulars. The society has grown rapidly in numbers and in power, but not more rapidly than the spirit of homœopathy, among its adherents. The next annual meeting will occur in St. Louis in April and already a fine program is in view. This leads us to advise our energetic Missouri brethren to publish no volume of *Transactions*, but to scatter its good papers far and wide, as has been the rule in the past. Everybody who is anybody reads the journals; few ever read *Transactions*.

* * *

The American Institute of Homœopathy will meet in annual convention at Denver, June 14-22. The enterprising mountain city is making extraordinary arrangements to fulfill with credit the duties attending the entertainment of the oldest of National Medical Societies, and no one who knows the capital city of Colorado will doubt for a moment the success of her efforts.

* * *

The Illinois Homœopathic Medical Association will meet at Quincy in May. The chairmen of the various bureaus are busy with their duties, and present indications point to a large and interesting gathering. The Missouri meetings are always visited by many Illinois physicians. Will Missouri reciprocate?

The eighteenth annual session of the Missouri Institute of Homœopathy will be held in St. Louis on Tuesday, Wednesday and Thursday, April 17, 18 and 19. The Missouri Institute is so well known for the excellency of its meetings that it needs no eulogies. An unusually good corps of chairmen have secured an exceptionally good list of papers from distinguished physicians, and the success of the meeting is thereby assured. Your presence as a participant is very much desired. Complete announcement and programme will appear in the March number.

* * *

In order that the profession at large may know what Denver and Colorado are doing with regard to preparing for the Institute meeting of 1894, I have been requested to drop you a few lines of information.

On receiving official notice as to who constitute the local committee of arrangements the members were called together and permanent organization was at once completed by the election of the following officers:

Chairman, Dr. Eug. F. Storke; Vice-Chairman, Dr. E. H. King; Secretary, Dr. S. F. Shannon; Treasurer, Dr. W. A. Burr.

The Reception Committee to consist of the President of the State Society, the President of the Denver Homœopathic Club and Dr. Storke; they to add the names of two other persons.

At the next meeting the chairman announced the following chairman of sub-committees:

Programme, Dr. J. B. Kinley; Printing, Dr. E. H. King; Finance, Dr. J. M. Walker; Entertainment, Dr. J. Wylie Anderson; Hotels, Dr. W. A. Burr; Lady Visitors, Dr. Genevieve Tucker; Excursions, Dr. S. S. Kehr; Railroads, Dr. N. G. Burnham; Press Dispatches, Dr. A. Cuvier Jones; Hall, Dr. E. J. Clarke; Correspondence and Press, Dr. S. F. Shannon.

The following resolution has been unanimously adopted by the physicians:

WHEREAS: The coming of the American Institute of Homœopathy to Denver marks an era in the progress of scientific medicine in the Rocky Mountain region,

Resolved: That we, the local Committee of Arrangements, re-inforced by the members of the Homœopathic profes-

sion of Colorado, do hereby pledge ourselves to do our utmost to entertain the Institute in a manner worthy of the notable occasion.

There are a large number of physicians in Colorado who are practicing Homœopathy; in fact I believe there are about one-hundred and fifty, and they are one and all united and will work together to make the 1894 meeting of the Institute one of the best meetings ever held by that body. We highly appreciate the honor done to our city and state, by the members selecting the "Queen City of the Plains" as the next place of meeting, and we feel assured that there will be no reason to regret the choice; but we hope to so take care of the members that ere many years pass we may again have the pleasure of entertaining them.

* * *

The readers of the MEDICAL ADVANCE will be interested in the fact that the second edition of Lee & Clark's "Cough Repertory" is in the hands of the printer. Further announcement will be made upon its appearance.

* * *

A REMARKABLE EXPERIMENT.—Clipped from the Deutsche Warte, February 7, 1894, and translated.—"Professor Julius Friedenwald, of the College of Physicians and Surgeons in Baltimore, recently surprised his students and a number of invited physicians with a remarkable experiment which has heretofore been considered an impossibility.

By means of a small rubber tube, he inserted a tiny electric light into the stomach of a young man, and then turned off all the lights in the room. The light which was produced in the stomach was so intense as to make the abdominal wall almost transparent, so that movements of the inner organs could be seen with great distinctness. The highly interesting experiment is of great value to medical science, and probably will find many imitators."

* * *

The annual meeting of the Homœopathic Club of Denver, Col., was held on Monday evening, January 22, at their rooms in the Brown Palace hotel, President Kinley in the chair. There was an unusually large attendance, owing to the fact that the principal business of the meeting was the reading of

reports of the work done during the year, and also the election of officers for 1894. The members of the club have done a large amount of charitable work during the time since the club was organized, and the reports read for last year show that they are still doing a large amount of work of this kind. * *

The election was then proceeded with and the following officers were chosen: President, Dr. J. Wylie Anderson; vice-president, Dr. C. W. Enos; secretary, Dr. S. F. Shannon; treasurer, Dr. S. S. Smythe; censors, Drs. S. S. Kehr, J. B. Kinley, E. H. King; delegate to the American institute of homœopathy, Dr. W. A. Burr.

* * *

THE INSTITUTE'S JUBILEE.

The executive committee of the American Institute of Homœopathy has named Thursday, June 14, 1894, as the time for the opening of the next annual session. Physicians starting from the most distant points on Sunday evening can reach Denver by Thursday morning. The order of business is not yet arranged, but it has been suggested that the session open at 3 o'clock, p. m., that the afternoon be devoted to general routine business, and that the special jubilee exercises and the delivery of the president's address take place in the evening.

Under the new By-Laws the duration of the session will be limited only by the needs of the business and the requirements of the sections; each of the latter being allowed all the time its members may desire for the reading and discussion of all its papers. Essayists are thus assured that their papers will, in no instance, be denied a respectful hearing for want of time, and the specialists of the Institute can enjoy full opportunity for the consideration of the technical questions in which they may be interested. Illustrations intended for publication in the transactions should be artistically made and on separate sheets for the use of the engraver. The Institute does not object to a reasonable expense, when necessary, in illustrating an essay.

The value and interest of the scientific discussions will be greatly enhanced if each essayist will furnish copies of his paper, prior to the session, to those who are expected to lead in debating it. Any physician having knowledge of the decease of an Institute member since June 1, 1893, will confer a favor

by reporting full particulars to the necrologist, Dr. Henry M. Smith, Spuyten Duyvil, New York. Secretaries or other officers of all societies, clubs, hospitals, dispensaries, etc., and the physicians of all institutions of whatsoever kind, employing homœopathic treatment, are earnestly requested to make full reports to Dr. T. Franklin Smith, Chairman of the Committee on Organization, 264 Lenox avenue, New York City.

The annual circular, with full particulars as to hotels, railroad fares, programme and other matters of interest, will be mailed in May to every homœopathic physician in the United States and Canada. Any physician failing to receive it by May 20, should notify the secretary. Each circular will contain a blank application for membership, with the full directions for those desiring to become members. Societies and colleges, wishing to canvass their membership for new members of the Institute, should apply at once for blanks, stating the number desired.

During the last six years the Institute membership has grown from 900 to 1,613—about 80 per cent. It was suggested at the last session that each member should celebrate the jubilee by securing at least one new member for the meeting at Denver.

PEMBERTON DUDLEY, M. D.,
405 N. 16th Street, Philadelphia. General Secretary.

WAGES OF WOMEN IN CALIFORNIA.—According to the report of Mr. John J. Tobin for 1887, the lowest weekly wages given is five dollars, and the highest eleven dollars. Plain cooks receive from twenty-five dollars to forty dollars a month, with board and lodging, and domestic servants from fifteen dollars to twenty-five dollars, with board. In cloak-making the lowest wage is three dollars, and the highest seven dollars and fifty cents, and in shirt-making the lowest is two dollars and fifty cents, and the highest six dollars. General clothing and underwear range from four dollars and fifty cents to six dollars, and other trades average a trifle higher wage than in New England.

"MARY," said Mrs. Barker, "I wish you would step over and see how old Mrs. Jones is this morning."

(In a few minutes Mary returns.) "Sure she's just seventy-two years, seven months, and two days old."—*Life*.

THE HERING MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.

PRACTITIONER'S COURSE, 1894.

To the Medical Profession:

In response to the expressed wish of many members of the profession, the Faculty of Hering Medical College take pleasure in announcing a Special Practitioner's Course, to begin Monday morning, April 9, and to continue three weeks.

The object of this Course differs in no respect from the general well-known policy of the college, which was organized to teach, without compromise, the principles of rational and scientific medicine. Its policy made it impregnable, while its methods of teaching that which is truest and best in the art of healing, has made it popular and prosperous.

In this Practitioner's Course, it is intended to teach the philosophy of Homœopathy and general medicine, and to amplify this teaching by clinical demonstration. In accordance with this position, a large share of the time allotted to the accompanying schedule is devoted to the principles of medicine and to clinics. Whilst no branch of practical medicine is ignored, it will be observed that *Materia Medica* and the *Principles of Homœopathy*, supplemented by clinical observation, medical and surgical, are allotted an unusual amount of time, to accord with the general desire of those who will attend this Post-Graduate Course.

SURGERY.—Profs. Boynton, Fisher and Crutcher will give practical and theoretical instruction in the surgical field. Profs. Boynton and Fisher will treat of operative surgery, including operative gynecology; and Prof. Crutcher will give a practical course on surgical anatomy and the technique of operations, and will illustrate his lectures wherever necessary by the use of the cadaver.

MEDICAL DISEASES OF WOMEN.—Prof. Mary Florence Taft will teach this important specialty, illustrating the correct management of the large class of women who suffer from the ailments peculiar to their sex.

THEORY AND PRACTICE OF MEDICINE.—Profs. Allen, Sawyer, Reninger and Tomhagen will give a thorough course in the Principles of Homœopathy and General Medicine, covering the

field of practice from the standpoint of rational medical philosophy, carrying out these principles in the various clinics assigned to them.

Profs. Allen and Reninger will devote considerable time to the exposition of the truths contained in *the Organon of Hahnemann*. Profs. Tomhagen and Sawyer will teach the application of these principles to special conditions met with in every day practice.

CLINICS.—The Surgical Clinics will illustrate the practical side of surgical work, and will aim to be especially valuable to the general practitioner.

The *Mental* and *Nervous* Disease Clinics will be in the charge of Prof. Tomhagen.

In the *General Medical Clinics*, Profs. Allen, Hawkes, Pease and Sawyer will illustrate with great care and thoroughness the proper and best methods for "taking the case," securing the "totality of the symptoms," and selecting the "similimum," subjects of supreme value to all who would apply the law of "similia" to the cure of disease. Profs. Fowler, Hoyne, Taft and King will illustrate clinically the subjects assigned to each in the schedule.

In all these clinics the truth of the law of similars will be taught and demonstrated by experienced practitioners and teachers who practice at the bedside the principles taught in the class-room.

MATERIA MEDICA.—Professors Allen, Hawkes and Pease will give in this course such material as will be of greatest service to the practitioner in his daily work. The action of different drugs, their *relationship and comparison*, will be clearly and fully shown, together with such practical therapeutical hints as a study of the various remedies suggest. Hering Medical College believes, teaches and demonstrates most conclusively that the law of "similars," regardless of all questions of the precise dose, is the only rational guide in therapeutics. Hahnemann simply systematized what had been known for centuries, and made his marvelous cures with every variety of potency; and what he did can be done to-day, because his work was based upon natural laws, which do not change. This College teaches the *similar remedy*, the *single remedy* and the *minimum* dose, as opposed to the unscientific palliative and

crude dosage of modern medicine; and entertains no doubt whatever of the ultimate acceptance of the truths it teaches.

The fee for this special course, *including everything*, will be Twenty-five dollars.

HERING MEDICAL COLLEGE—PRACTITIONERS' COURSE, 1894.

Hour	Monday.	Tuesday.	Wedn'day.	Thursday.	Friday	Saturday.
9 to 11	Surgery, Crutcher.	Surgery, Boynton.	Surgery, Fisher.	Surgery, Crutcher.	Surgery, Fisher.	Surgery, Boynton.
11 to 12	Theory and Practice, Sawyer.	Theory and Practice, Tomhagen.	Theory and Practice, Reninger.	Theory and Practice, Sawyer.	Theory and Practice, Allen.	Theory and Practice, Tomhagen.
1 to 2:30	Clinic, Eye and Ear, Day.	Clinic, Venereal, Hoyne.	Clinic, Dis. of Kidneys, King.	Clinic, Dis. of Women, Taft.	Clinic, Dermatology. Hoyne.	
2:30 to 4	Clinic, Mental and Nervous, Tomhagen.	Clinic, Morbid Growths, Sawyer.	Clinic, Gen. Med, Allen.	Clinic, Gen'l Med. Pease.	Clinic, Dis. of Chest, Fowler.	
4 to 5	Materia Medica, Allen.	Materia Medica, Hawkes.	Materia Medica, Pease.	Materia Medica, Allen.	Materia Medica, Hawkes.	

BOOK REVIEWS.

Russia and Turkey in the XIX Century, by Elizabeth Wormley Latimer. A. C. McClurg & Co., Publishers.—Price $2.50.

No two persons see the same things from the same point of view; hence the discrepancies in the statements found in our histories, either of the affairs of men or of nations. The disinterested student is many times better enabled to give proper interpretation of the intents and purposes of the makers of history than the writer cotemporary with the events. Elizabeth Latimer seems to have studied the times in which the different events of Russian and Turkish history have taken place, and to have gained a very comprehensive knowledge of the characters who have achieved prominence in the intense struggle between independence and slavery, and has pictured her ideas in a very charming manner. She acknowledges having very freely appropriated the thoughts of others, but either gives a preface to their expressions, or an interpretation which

harmonizes or explains the different statements. This is a book of 400 pages and over, that may be read as one would read a romance, or studied as one should study the literature of nations. We predict for it the same popular reception given its companion, "France in the XIX Century," by the same author.

Headache and Neuralgia, including Spinal Irritation and a Disquisition on Normal and Morbid Sleep, by J. Leonard Corning, M. A., M. D. E. B. Treat, New York, Publisher.—Price $2.75.

This book, as will be seen by its title, is divided into four parts. First, A treatise on headache. Second, Neuralgia. Third, Irritated condition of the spine, in which may be found a description of the painful symptoms, both as to local injuries or general shock. Fourth, Normal and morbid sleep. Beyond the descriptions given of the manifestations of different nervous disturbances, the book does not seem to possess any remarkable merit. The most interesting section is that referring to normal and morbid sleep. The work has passed through two editions, and this third edition has an appendix of considerable value, by David Webster, Professor of Ophthalmology in the Polyclinic, the subject being "Eye Strain the Cause of Headache." The only objection to be raised is that he points out the possible causes of headache in such a manner that the physician is left as completely in the dark after reading it as he was before, unless he possesses the technical knowledge of the oculist.

A Practical Treatise on the Diseases of the Hair and Scalp, by George Thomas Jackson, M.D. E B. Treat, New York, Publisher. Price $2.75.

This is the second edition through which this book has passed, and has been thoroughly revised, with additions bringing the subject down to the present date. The author makes no pretensions to originality, either of idea or of treatment, and rather occupies the position of a compiler. In this he does admirably; and to those who do not possess the works of Hebra or Fox, this book might be interesting. No physician can profitably follow the teachings of these authors in skin diseases. Every one of them have utterly failed in their recognition of the cause of diseases of different kinds upon the surface of the body in general. None of them seem to recognize the fact that it is simply an effort of nature to throw off an element disturbing the normal functions

of the life forces. Almost every prescription in this book, and it is full of them, is in the form of local treatment. Seeking to cure they only suppress, and in the last stage the patient is always worse than in the first. To the interpretation of the law of disease as taught by Hahnemann must every physician look, if he would cure diseases of the skin.

A System of Legal Medicine. A Complete Work of Reference for Medical and Legal Practitioners, by Allan McLane Hamilton, M.D., of New York, and Lawrence Godkin, Esq., of the New York Bar, assisted by Thirty Collaborators of recognized ability. In two royal octavo volumes of about 700 pp. each. Fully illustrated.

The great need of a standard American work on Medical Jurisprudence has long been felt, and this work gives abundant promise of being just what the medical and legal professions have so long wanted. Every department will be thoroughly and reliably treated. Subjects treated: Toxicology, Inorganic, Alkalbidal and Ptomanic Poisoning—Criminal Abortion — Infanticide — Birth—Sex—Pregnancy — Sexual Perversion — Rape — Impotence—Indecent Assaults on Children—Sterility—Death by Hanging, Drowning, Strangulation, Cold, Heat, Starvation and Electricity—Post Mortem Examinations—Living and Dead, Identity of—Blood and other Stains—Homicide and Wounds—Surgical Malpractice — Life Insurance—Public Health—The Medico-Legal, consideration of Contagion, Infection, Nuisances, etc.—Railway Neuroses—Insanity, Criminal and Civil—Hypnotism —Hysteria—Feigned Diseases, etc.

Modern Household Medicine A Guide to the mode of recognition and the Rational Treatment of Diseases and Emergencies incidental to Daily Life. By Charles Robert Fleury, M. D. Third Edition, revised and enlarged. London: E. Gould & Son. 1893.

This is a work on domestic medicine and consists of two parts:

First: Subjects of general information, a knowledge of which is indespensable in every household.

Second: Diseases, their description, symptoms, causes, diet and medicines.

Other sections treat of Diseases of Women, Gestation, the Lying-in period, the Climacteric, Diseases of Children, Accidents and Emergencies. The descriptive portion of each of these parts is given with sufficient clearness for the purposes of the work. But when the author deals with the practical application of

remedies in the cure of the sick he does it in such a bungling manner as to make the work of little value to physician or layman. External medicated applications in lotions and liniments, alternation of remedies which is almost forgotten in American works, lay or professional, and with a few exceptions, the indications for the various remedies are rarely given. The title of the work, however, does not claim that it is anything but what it professes to be, viz.: a work on "Modern Household Medicine."

Repertory of the Guiding Symptoms.

In a private letter to the editor from Dr. Calvin B. Knerr, we extract the following as to the progress of the work: "About 500 pages are in print and stereotyped—about 600 more are to be prepared for the press. I think you and other practitioners will find the book an indispensable aid in practice, because it is based upon the Guiding Symptoms and constructed upon a plan at once Analytic and Synthetic, giving symptoms and their diseases in all their relations, standing out clear, each remedy given its value or degree of prominence. A notable and practicable feature in the repertory will be its *synonymic guide*, pointing to related symptoms and clinical conditions. This adds greatly to the editorial work, but nothing but labor will tell. The book will surely be out in the summer, sooner if possible."

The Physician's Wife and the Things that pertain to her Life By Ellen M. Firebaugh. Illustrated. Philadelphia: The F. A. Davis Co. 1894.

The author says that last year she was invited to read a paper before the Æsculapian Society of the Wabash valley, and the subject assigned was "The Physician's Wife." The paper was ordered published in pamphlet form for the use of the members, and was so much admired that she was urged to enlarge it and put in a more permanent form. It is true to life—an every-day experience, a beautiful pen-picture of the joys and sorrows of the doctor's wife, especially the wife of a country doctor. But the city doctor and his wife and family will find many scenes portrayed in this book that they will readily recognize from the fact that they too "have been there." We congratulate the authoress on the work, and hope it will not be the last volume from her facile pen.

THE

Medical Advance

A HOMŒOPATHIC MAGAZINE.

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*SYMPOSIUM OF HOMOEOPATHIC PRESCRIBING.

THE REPETITION OF THE DOSE.

CLARENCE WILLARD BUTLER, MONTCLAIR, N. J.

In the discussion of any scientific question a definite and certain terminology is of prime importance.

It is probable that more energy has been wasted in profitless polemics from lack of precision and clearness in statement of the premises assumed than because of radical differences in opinion. It is well therefore that I should at the outset make plain my understanding of the terms used in the statement of the subject assigned to me. By a "dose" of medicine I understand any portion of a drug given for therapeutic purposes at a single imbibition; by repetition of doses I understand one or more additional portions of the same drug administered at practically appreciable intervals of time.

If, for example, a physician desires to administer three-eighths of a grain of morphine, and elects to give one-eighth of a grain every fifteen minutes until the whole quantity has been taken, I should say that he had given three doses of morphine of one-eighth grain each, and had repeated the doses every fifteen minutes; and this although the analgesic or hypnotic effect desired in this particular case might have been obtained, or even expected, only from the physiological effect of the total quantity---three-eighths of a grain.

If an Homœopathist puts one-half a grain of the third

(*This is the fourth article promised for the Symposium of Homoeopathic Prescribing, edited by W. A. Yingling, M. D., Nonchalanta, Kas.—ED.)

trituration of a drug into six spoonfuls of water and gives one spoonful every hour until all has been taken, I should consider each spoonful of the solution a dose, and would report this case of having received six doses of medicine at hourly intervals of repetition.

I have been thus particular to make my meaning in the use of these terms clear and unmistakable since there has arisen among certain physicians in recent years a fashion of speaking of the "divided dose" as if the total amount of the drug administered was *the* dose in each particular case. Now that medicines are given in different forms and at stated intervals, in portions smaller than the supposed remedial limit, evidences the fact that different effects are expected by the Therapeutist from these different methods of administration.

That this expectation has sound basis in general experience may be conceded I think, without argument.

This being true it follows inevitably that *some* result is expected from each portion given, however minute that portion may be, and for each such portion, for purposes of record and of communication, a definite name is surely required. We must therefore either coin a new one or accept that already recognized. But change in scientific terminology is only justified where the term in use involves ambiguity in expression, or implies an unscientific concept. In the case in question, despite the double meaning and inexact use in which it has been at times employed, the term "dose" does not seem open to either of these objections. I protest therefore against the change and modification of its meaning which the term "divided dose" interjects, because it has no justification in present necessity; because its inevitable effect must be ambiguity and confusion, where exactness and lucidity are imperative; and because it can serve so far as I can perceive no useful purpose.

Whether or not, with the present accumulation of facts any generalization may be made sufficiently wide to deserve recognition as a law for the repetition of the dose it is certain that no such generalization has been made and the question remains one of individual experience.

The opinions expressed, the theories advanced and the suggestions made in this paper, are then, of necessity personal,

and for any and all of them the writer alone is responsible. By this statement it is not to be understood that originality is claimed nor that any new thing may be expected. The paper is intended to be a practical, not an historical one, and while I gladly acknowledge my indebtedness in respect of the theories held and the practice advocated herein to many writers upon the subject from the time of Hahnemann to the present, any attempt to give due credit to particular individuals would necessitate a prolixity wholly inconsistent with its avowed purpose.

The methods in practice advocated will be first presented in the form of arbitrary rules and such remark or explanation as may seem necessary, together with the theories germane to the subject entertained by the writer, will follow. I desire first of all, however, to state with emphasis that these rules are based not upon the theories which will be presented, but upon many years watchful experience,---are those relied upon daily in my professional work and for them I bespeak faithful and unprejudiced trial by all earnest practitioners of Homœopathy.

RULES.

I. Let the first prescription in each case be a single dose.

II. Let the single dose of any remedy be given in its dry form.

III. If no effect is produced by the single dose and the conditions remain the same, the *remedy* should be repeated.

IV. When repeating the remedy if a higher potency be employed, a single dose of the new potency should be given dry.

V. If a lower, or the same potency be given, when repeating the remedy, these should be exhibited in a watery solution and the dose frequently repeated.

VI. When drug action becomes manifest stop all medication and determine at once the character of that action. It will either be curative; or palliative; or it will change the disease type; or produce characteristic symptoms of the drug (a physiologico-pathological proving).

VII. If a drug proving i. e. the appearance of specific drug conditions, be in evidence, a new prescription will be called for.

VII. If the type of the disease is changed by the medication then too, a new prescription will be needed.

IX. If the action be palliative, repetition of dose, or remedy (or change of drug or potency) is contra-indicated so long as the patient's sufferings are thus mitigated.

X. If the action be curative, under no circumstances may the dose be repeated (nor may remedy or potency be changed) as long as this action continues.

XI. In all cases before repeating the dose, a re-examination equal in care with that required for any other prescription must *always* be made.

In stating his theories in respect of his subject, and of matters more or less intimately connected therewith, the writer must of necessity encroach somewhat upon fields allotted to other contributors to this symposium. No injustice can be done them however, if it be borne in mind that, as has already been stated, the opinions here presented are his own and for them he alone is responsible. Stated as briefly as possible they are these.

The organized living body always endeavors to free itself from noxious influences. Whether such influences be "matter" or "motion" their elimination or annihilation is accomplished unaided, with much perturbation of the system, and in the animal economy with many discomforts and sufferings which are manifest to the skilled observer through recognizable signs (symptoms). From the practical standpoint the complex of these symptoms (signs) *is* the *disease*. The business of the Physician is to aid the system in its endeavors toward the elimination or annihilation of this sick making power with a minimum of discomfort, suffering and danger. This he accomplished in his office of Hygienist, or Sanatarian, by removing the ætiological factor when that is known, which is seldom the case; in his office as Therapeutist he attains the same end by the use of drugs. In the present state of human knowledge the appropriate drug may only be determined by the homœopathic law of selection. Such a drug, one homœopathic to the case in hand, is curative and appropriately termed a *remedy*. The expression "homœopathic remedy" is tautological; there is no other. The use of this term is justified however, by the frequent occurrence of the word "remedy" in all medical literature and indeed it may hardly be discared for the present.

That a drug homœopathic to the case, does cure the patient by removing the cause and the disease is a fact abundantly proven; how it does this is not known.

Without striving to solve this problem we may safely assert that the drug itself is only indirectly the curative agent. The potent and only direct curative power is within the animal economy, and is its vital energy—that is, that portion of the universal energy appropriated by and acting through the organism at the time. As in the locomotive engine it is the steam which furnishes the motive power, not the lever, the proper adjustment of which admits the heated vapor to those appointed channels in the machine where its energy may be expended in performing the desired work; as in an electrical apparatus it is the electricity which is effectual to the desired end, not the "switch" which directs the current, so in this wondrously complex machine, the living organism, the remedy is a factor in the cure only as it frees the vital energy and directs it to appropriate lines of action. If this be its office, and its only office, it is obvious that when this is accomplished further medication is superfluous.

All that the remedy can effect it has effected. Now experience teaches us that this effect may usually be had from a single dose of the appropriate drug.

Hence the first rule "Let the first prescription in each case be a single dose." At two or three different times I have instituted series of experiments with the use of the single dose given in a watery solution, but they have been speedily abandoned, partly possibly, because favorable experience with the dry dose has prejudiced me in its favor, but mostly I think, because I saw nothing gained by this method and at times thought I marked distinct loss. I am free to confess however, that these experiments were never sufficiently exhaustive to form a reliable basis for a fixed rule of practice. But my experience with the method advocated has been so favorable that I have advised that (Rule II.) the single dose of any remedy be given in its dry form.

I have said that curative action may usually be inaugurated by the single dose of the indicated remedy, and it is probable that this would be effected in all cases if in every instance we could choose exactly both the remedy and the potency. So

difficult is it to choose with certainty the most similiar remedy even with the guidance of the unerring law of homœopathy; so difficult is it to select the most appropriate potency since so little is known of the nice relations which should obtain between the drug energy and the vital energy, and no known law is here applicable. This ideal perfection of choice is often impossible to human and fallible judgment. Probably for these reasons, certainly for some reason, in a not inconsiderable number of cases the single dose will be followed by no appreciable modification of the conditions prescribed for. Under such circumstances and when the always imperative re-examination reveals the same conditions still present and by consequence the same drug called for, the remedy must be again exhibited. Rule III.

But this may not be done in any case until after a period of observation sufficiently long to leave no reasonable doubt of the failure of the former prescription. Unfortunately no rule, even approximate, can be given as to the proper period of observation, *i. e.* the time which one should await evidences of drug action. It is, and will probably always remain, a question of personal judgment in each individual case.

The nature and severity of the sickness, the constitution and temperament of the patient, the known promptitude in action of the remedy employed, are all factors which will enable the prescriber to form that basis or reasonable expectation upon which his action must depend. Acute suffering or imminent danger may call for frequent repetition, while in cases of long standing, especially such as depend upon or are modified by the deep-seated dryscrasiæ, ("chronic miasms"), remedial action may only appear after days or weeks have elapsed, and the temptation to repeat the remedy or the dose must be religiously guarded against.

In cases of doubt always remember that the *vis a tergo* is toward the "fatal error" of rash precipitancy and in no case allow the judgment to be clouded by the restlessness of the patient, the insistance of his friends, nor your own anxiety. In therapeutics it is preeminently true that most wisely do "They also serve who also stand and wait."

If, however, repetition of the remedy becomes necessary it may only be done in a higher, a lower or the same potency. The fact that the remedy in the form and strength of its origi-

nal administration was impotent indicates that it should be repeated either in another power of the drug, or another method of exhibition.

If now the drug potency be changed, and this I earnestly recommend as the course usually most efficacious, that change should be marked and material. If your former prescription has been a very high potency, not only should you now give a lower, but a very much lower one; if a low or medium potency was first used, not only should you now use a higher, but a very much higher one—a change from a ^{cm} to a ^{200} or *vice versa*.

Where it is practicable to make this marked change from a lower to higher potency, let this be done and a single dose dry, be given. (Rule IV). It will hardly be denied by the therapeutist of experience that repetition of doses in these high powers too frequently induces troublesome aggravations or more troublesome complications in the way of drug symptoms and conditions.

Of these complication s something further will be found in the discussion of Rule VII.

When the second prescription is a lower potency than that at first employed, or where it is necessary for any reason to again use the original potency, the remedy should be put in water and *frequently* repeated until effects are obtained (Rule V). By frequent repetition of doses I mean, even in chronic cases a dose every hour or two and continued several days if need be.

The patient must be seen at frequent intervals that any produced effect may be detected in its first manifestation and severe aggravations from cumulative action be thus avoided. Although this involves some trouble to a Physician and some expense to the patient it is imperative and the results will amply justify the means. As soon as drug action becomes evident the first business of the Physician is to determine the character of that action, (Rule VI).

At times after a prescription symptoms peculiar to the drug exhibited will presently appear.

If these are accompanied by neither aggravation nor amelioration of the original conditions it shows that the drug was not Homœopathic to the case. The effect is always disastrous because it grafts a new (drug) disease upon that which already

obtains—is in fact a drug proving and a new and especially careful prescription becomes immediately imperative. The therapeutist meets few conditions as complicated or as difficult to prescribe for as this one.

Thus we see that a drug may influence the sick organism in that manner peculiar to itself and without essential modification of the morbid conditions present. But it may also exhibit evidences of a certain amount of influence over the disease present although not enough to establish directly curative action. In other words there are various degrees of the homœopathicity of drug disease to natural disease. Now the ideal homœopathic remedy, the similimum, in its curative action proceeds along the same lines as the disease which it annihilates, but conversely. But one less accurately chosen but still similar, while it may not be capable of effecting that immediate and direct cure confidently expected from the similmum, may and frequently does effect a change of the disease type. By disease type I mean that association of symptoms and conditions present through which the Physician recognizes the nature, trend and tendencies of the sickness. All disease being, in respect of the organism diseased, salutary—an effort of the vital energy to remove from it noxious influences, the manner in which it moves toward this end and the channels of elimination or method of annihilation would be presumably those which least seriously disturb the general system. I say presumably because within the animal economy as outside it, the direction of kinetic energy is toward the point of least resistance, and a minimum of resistance insures a minimum of those perturbations which are its direct consequence.

If now for any reason disease has assumed a certain type, that accidental influences may serve to change, that type is a fact too well known to demand amplification at this time. Among the most potent factors in effecting such change are drugs, and were illustrations necessary the whole history of suppressant and revulsive treatment might be cited in evidence.

And as drugs thus improperly administered may effect unfavorable change of disease type, so too, one may be given which from its partial homœopathicity to the disease may effect a favorable change of type although it is not sufficiently similar to complete a cure.

Now in such case although the change is a favorable one, the conditions less severe and dangerous, the fact remains that the progress toward health is not such as is observed when the remedy has been accurately chosen—it is a diversion of the vital energy, happily to better avenues of activity, but not to that distinctive action which marks the homœopathic cure, viz; the gradual disappearance of the symptoms in the reverse order of their appearance.

Indeed a new disease now presents itself i. e. a new complex of symptoms, differing in kind as well as degree from those other and for this reason demanding a prescription homœopathic to the *status præsens* (Rule VIII). That unaided nature is usually equal to the cure of this new and milder disease is no excuse for inactivity on the part of the Physician.

All milder types of sickness will usually be cured by the vital energy without remedial aid, but the remedy is needed if the cure is to be made with a "minimum of discomfort, suffering and danger" to the patient.

I have dwelt with perhaps undue length on this subject because I am convinced that much time is lost and much suffering entailed from lack of wise discrimination as to the character of drug action manifest,—indirect aid too often mistaken for that direct curative action which characterizes the ideal homœopathic cure, and by consequence, the immediate interference most useful in the one case, gives place to the "masterly inactivity" which is the only safe course in the other.

Neither time nor space now serve for the discussion of the question of palliative treatment. Without argument or elaboration of the theme, I make here the bald statement that the Homœopathic remedy is the truest, the safest, and most effectual palliative.

This is in accord with the testimony of the greatest prescribers of our school of medicine, and, incidentally, with my own experience. Assuming the truth of this statement I proceed to the discussion of Rule IX.

Where the remedy is simply palliative in its action, evidence of its efficacy will be the same as curative action (q. v. Rule X). Now if these evidences of drug action are unmistakably present, despite which definite prognostic signs indicate that the

sickness is making certain and undoubted progress toward an ultimately fatal terminination, it proves conclusively that the disease is incurable by any mode of treatment.

The utmost that can be hoped for then is a reduction of the patient's sufferings in the greatest possible degree, and in the safest and best possible manner.

Since this is most surely accomplished by the drug selected under the Homœopathic law and since the evidence is plain that in the case postulated, *this drug has been administered* and has directed the vital energy to the most favorable lines of action, it follows logically, as it has been proven many times experimentally, that the best possible is already doing.

Palliation being the utmost of your expectation, and this being already in evidence, any meddlesome interference not only will complicate conditions even now sufficiently serious, but will, too, deprive the patient of the only benefits which may be hoped for from medical aid.

As we have seen when discussing Rule VIII, remedial action may be direct or indirect—and this determined by the degree of homœopathicity of the selected drug to the natural disease for which it is prescribed.

If indirect action is established its effect is to change the disease type, carrying the patient so to speak, a little way toward recovery and paving the way for another prescription.

No inconsiderable number of our cases are thus, to use the late Dr. C. Hering's graphic expression, "zig-zagged" back to health. When however, there obtains close similarity between the drug action and the disease action the influence of the former will be directly curative and no change of type will follow, no new tissues will be invaded, no new lines of action be established, but gradually and in regular order will the signs of the sickness all disappear. This is the ideal cure for which every Homœopathist strives. The first sign of this direct curative action will be either an amelioration or an aggravation of the patient's symptoms. If it be amelioration steady and progressive, the exact object desired has been attained; the remedy proven to be homœopathic, and the potency appropriate.

If on the other hand aggravation follows, then, too, is the drug proved to be homœpathic but the power employed is inappropriate. I say inappropriate—not necessarily too strong.

A crowbar is not too strong to do the work of a cambric needle, but it is quite inappropriate. It will occasionally occur that aggravations thus super-induced will be so prolonged, severe and even dangerous that antidotal treatment will become necessary. In such case another similar remedy, in a potency different from the one already employed, will be found the most effectual antidote.

The inhibition of the aggravation by antidotal treatment may leave the case materially modified in original conditions and no further present interference be necessary, or the case may present itself considerably changed and a new prescription be demanded—a direct curative action having been converted into an indirect.

Care must always be exercised not to mistake complications from drug proving for aggravations from undue remedial action. The onset of symptoms belonging to the drug employed and the appearance of conditions in no way related to the natural course of the disease under treatment, will mark the former; simple exacerbation of conditions already present, the latter.

Aggravation from the Homœopathic remedy, wisely handled in respect to repetition, are, however, usually transitory and quickly followed by material and satisfactory amelioration.

Amelioration of the disease conditions, either direct or indirect because of intervening aggravation, is at once the beginning and unmistakable evidence of the establishment of curative action. If now the only effect which the remedy can have is the promotion of this curative vital motion, and this it has already done, it is obvious that further medication is superfluous, as has already been said.

But not only is it obvious that further medication is superfluous, but it is equally obvious that such medication may be obstructive even to the point of danger, for undoubtedly some new form of motion must be thereby introduced to complicate and modify that already established—to change exactly the action which is most desired for one which in all probability is not desired at all. Accordingly it is most strenuously insisted (Rule X) that, when curative action is manifest, no interference is permissible so long as this continues.

This rule, as old as Homœopathy, and appealing in the strongest manner to reason, would be easily followed if disease

in its progression or in its retrogression was steadily uniform in its movement.

But unfortunately this is seldom, perhaps never, the case. Periods of improvement will be followed by sharp and distressing aggravations and conversely, periods of seemingly marked retrograde movement will precede most undoubted and satisfactory betterment of all conditions. These "wave like" movements in disease action must be allowed for, and it often becomes a very nice question whether certain changes are those temporary fluctuations which may be expected, or whether they indicate radical loss. To a correct solution of the question must be brought the prescriber's calmest judgment and most conscientious care, for his action, which this will determine is of gravest importance.

If it becomes evident that curative action has ceased, re-examination will determine whether a change of remedy, of potency, or a repetition of the dose is next needed; if however, it proves to be one of those "wave-like" motions of disease—a temporary exacerbation, no change or repetition is indicated. Wait patiently and confidently for reaction and when this comes it will certainly carry your patient to a much higher physical plane, and that rapidly and pleasantly.

It will be especially helpful in making this decision if it is borne always in mind that the patient not the disease, is under treatment. If on the whole your patient is better—especially in the Psychological sphere, even though his disease in its nosological classification is unimproved, you may confidently class the present condition as among the temporary aggravations incidental to all cases. Again as improvement progresses there will frequently appear certain symptoms not present, or not remembered as present before, and appeal forcibly to your mind as marked indications for the use of another remedy. If however, the disease type remains unchanged, these should be ignored, at least in so far as they may influence interference on your part. The patient is getting well and no meddlesome medication will hurry nature who moves always according to fixed laws, intolerant of interference and unforgiving of mistakes.

Rule XI is but the expression of an obvious necessity and requires neither explanation nor amplification.

WHEN SHOULD THE REMEDY BE CHANGED?

B. L'B. BAYLIES, M. D.

The remedy having been selected *homœopathically*, and the dose as nearly as possible adjusted to the sensibility and susceptibility of the patient, possibly to the activity of the morbid state, it should not be changed while the symptoms which first demanded its prescription continue. A change of the remedy would imply either that the medicine administered had not been well selected, was non-homœopathic—a condition which will rarely occur to the careful and studious physician—or, that it having been chosen in strictly homœopathic relation to the case, the original symptoms had changed.

Neither should the remedy be changed while the possible series of apparent aggravations or vital commotions produced by it continue.

These will be recognized as aggravations by the remedy when they present a striking development of its similar symptoms, to which may be super-added other symptoms of the remedy not extant in the case, a picture of its characteristics more fully developed. When *such* a manifestation occurs the remedy should not be changed, or even repeated, for its undisturbed action will be followed by a proportionately greater elimination of the *morbid* phenomena, and progressive though somewhat fluctuating improvement.

This is illustrated in the fluctuating or undulatory progress towards recovery, which the homœopathic remedy affects in the intermitting neuroses and fevers, the paroxysms of which successively exhibit its influence in greater and still greater elimination of the corresponding symptoms, and this operation may continue until the original symptoms of the disease have ceased, and the repose, or vigorous mobility of health has supervened. This may have been accomplished by the single dose, or by a series of doses, by a single potency or by a graduation of potencies of the one original medicine. But should the removal of the primary symptoms have unveiled others not at first present, it is then the practical question: whether the new symptoms are the effect of the medicine or an evolution of the disease? Has some latent virus, hitherto dominated and repressed by a stronger morbific agent, been liberated and become active? Or,

are the new symptoms a development of those of the administered medicine? If the new symptoms are not attributable to the medicine, another remedy must be sought in the Materia Medica with the help of Boenninghausen's, Lippe's, or other repertorial guides, to complete the cure.

BRYONIA ALBA.*

J. A. WAKEMAN, M. D., CENTRALIA, ILL.

Moral symptoms, and doubts his recovering with fear of death.

Trouble about his business and everything makes him angry.

Nightly delirium.

Morose, and complaining.

Aggravation of Bryonia comes at 8 or 9 o'clock at night, on waking from sleep.

After a meal.

By movement, and contact, with almost entire cessation of pain by perfect quiet.

The strength disappears on making the least effort.

"*So weak* that his thoughts vanish."

Heaviness and weakness in all the limbs, can scarcely move them from mere heaviness.

Trembling of the limbs on rising from a recumbent position.

Stiffness and painfulness of the joints.

Fainting fits.

Sanguine when sitting, less so when walking.

Thirst for beer is an important characteristic.

Patient inclines to the affected side, as in pleurisy and pneumonia, when the sharp, cutting pain is greatly aggravated by the dry cough.

In female diseases, Bryonia compares well with Arnica.

Constipation, stools, dry, hard, dark and as if burnt.

Case—chill with dry, hard, '*light and chalky*' stools cured by Bryonia,[3d] in three days, with no relapse. Important in Pneumonia, and in most cases of Pleurisy, an indispensable remedy.

Cough—worse coming from the cold into a warm room.

After meals and on lying down.

* Written chiefly for the benefit of the younger members of the profession, who need all the help they can obtain.

Aggravated at 8 or 9 o'clock p. m and produces a sensation in the chest and head as if they would burst, and apt to induce vomiting. A useful remedy in chronic Hepatitis, useful in the coughs of old people.

HEADACHE—*case*—violent pulsating pain, coming on in the morning, starting in the right occipital region, extending over the right ear to the right temple, greatly aggravated by motion, walking and coughing, relieved by Bryonia, and has never returned. In the headache of this remedy, there is a violent *pressing out* sensation as though the cranium would burst, especially on bending the head forward, when the eyes feel as if they would protrude from the sockets; and the eye-balls are very sore to the touch. In suppressed or tardy appearance of the eruption in measles, seriously implicating the respiratory organs, it does much good.

Case—Mr. R., aged 50, had never had measles, and was now as follows: Most extreme dyspnœa threatening suffocation; skin hot and dry; hoarse dry cough; great distress in the head, aggravated by coughing or moving; sick three days and no appearance of the eruption. Put feet in hot water, Bry.$^{m/x}$ every hour with all the cold water he wished; better in two hours, stopped the medicine, and in eight hours perfectly relieved and covered all over the head, and superior portion of the body and limbs, with a bountiful eruption. Recovered on Bryonia alone.

In Typhoid fever an indispensable remedy. Lawrie gives the following symptoms as indicating the remedy, in that variety denominated Cerebral Typhus, "violent stupefying headache as from a blow, and pain across the forehead and at the temples as if the head would burst, frequent raising of the hand to the head. Aggravation of these sensations by movement; continuous violent delirium with excessive febrile heats; foul, thickly coated yellow—or dry, black tongue with vesicles in mouth and on the tip and edges of the tongue; fevered lips; nausea and vomiting of mucous and bilious matter." The vomiting is not usually found to be a prominent trouble, epigastrium is tender, and while the face is red and hot, the patient is usually bathed in a profuse perspiration; distended abdomen; and the bowels costive at this stage; oppressed sighing respiration and drowsiness.

Rhus Tox. is indicated by very similar conditions but better adapted to the *debile* form or stage.

In 1853-54-55, in my early Homœopathic practice, I used these remedies in the 3d and 6th and gave them in alternation at three to four hour intervals, and in this way treated over forty cases without a loss. Delirium was present in nearly every case. None ran less than twenty days and one or two continued over forty.

Never tried to move the costive bowels under ten or twelve days; kept them quiet as long as I could—in one case over twenty days—for as soon as they were moved diarrhœa superinvened and became troublesome.

Hemorrhages were frequent, and in one case the most alarming Glossitis supervened. Inflammation and ulceration of Peyer's patches evidently present in many cases, protracting the uncontrolable diarrhœa.

Great oppression across the chest, very prominent under Rhus, less so under Bryonia, was nearly always present, and the cutting as with knives and burning as from live coals of fire, with the reddish watery stools—as of bloody water—were kept in check by these remedies. Deafness was present in nearly all cases; and one young lady recovered from the fever with the loss of her knowledge of music and astronomy.

Hartman lays great stress upon the evening chilliness and morning heat. Patient chilly; covers up and then is too hot and nervous, when the chilliness is again troublesome and thus disturbs the rest.

Hartman remarks: "that in typhoid fever with congestion of the head, it is a most reliable remedy when the following group of symptoms occurs: After a slight cold the patient complains of pains as if bruised in all parts of the body; everything upon which he is lying is too hard for him. (See Arnica). The beating, pressing, pain in the head from within outward is especially distressing to him when looking up or moving his eyes. The scalp is painful to the touch, and the head burns like fire, in spite of which the forehead is covered with a cold sweat; debility, weariness, and weight in all the limbs which obliges him to sit or lie down, with dread of the open air; the night's rest is disturbed by erethism of the circulation, heat and anxiety—especially in the hours before midnight; the pa-

tient moans during sleep and is awakened by anxious and frightful dreams which continue even after waking.

A characteristic symptom in the commencement of a Bryonia Typhus is the alternation of heat and chilliness—the former in the morning and the latter in the afternoon—and on going to bed, the thirst is moderate, but there is vertigo, increase of the headache and excessive erethism of the nervous system.

Gastric symptoms are manifestly present; patient complains of bitterness in the mouth.

Dryness and yellow coating of the tongue.

Aversion to food.

Nausea with inclination to vomit.

Pressure and stinging in the pit of the stomach.

Sensation in the hypochondria as if they were distended.

Difficult stool.

As the disease progresses the violent heat becomes permanent and is accompanied with violent delirium without the patient complaining much of his illness; the distortion of the features and the grasping at the head are the only signs of the continuance of the violent headache; the continued moaning, even when the patient is awake, points to an approaching rash which frequently breaks out in the shape of a white, miliary eruption and sometimes in shape of petechiæ. The delirious talk of the patient in most cases turns about his business, which gives him so much anxiety that he endeavors to escape; the thirst becomes more intense; the tongue dryer and more parched; the face is red, bloated; the lips dry and cracked; the alvine evacuations cease entirely, and the scanty urine is brown-red."

The great value of the indications as given above by Hartmann fully justifies their incorporation in this place.

The fever when fully established in the system must run its course, and when the remedy has been carefully chosen, *hold on to it*, until some other is better indicated by a material change of symptoms, for if there is no *aggravation* of symptoms, this, of itself, is a gain at least in time, and no change should be made, although you see no improvement, until a radical change in some leading feature of the case demands it. This is very necessary. By changing your prescription every time some trivial symptom comes up, you not only do your patient no good, but you loose that *clear image* of the disease,

the symptoms of which become so mixed up with those of the remedies, that it is impossible to judge of the case correctly. The brain and nervous system is *narcotized* by some systemic poison that it cannot throw off ; nor can it manifest its sufferings by the development of those clear, well defined symptoms that we find in nearly all acute diseases, hence it is that we do not get that ready response from our remedies that we expect in other diseases, and hence, too, the importance of holding to one prescription when we are certain that it is the remedy indicated.

This remedy in alternation with Rhus. Tox., as I formerly used it, is certainly one of the most important, and used in alternation or succeeding each other according to the symptomatology, doubtless the most important ones in neutralizing the poison under which the patient is suffering, and will be sufficient to conduct very many cases to convalescence in the shortest possible time.

(The doctor will recognize as a fact that he prolonged the cure of his patients by the alternation of the Rhus. with the Bryonia. It is seldom the Rhus. proceeds the Bryonia in its indications and when there seem strong indications for the two remedies, that which has the preponderance of symptoms will be followed by the other remedy to greater advantage after the first remedy has accomplished its work, provided that one remedy does not clear up the entire case.—ED.)

TRIED BY JURY.—A French surgeon at Smyrna wishing to procure a stork, and finding great difficulty, on account of the extreme veneration in which they are held by the Turks, stole all the eggs out of a nest and replaced them with those of a hen. In process of time the young chicks came forth, much to the astonishment of the storks. In a short time the male went off, and was not seen for two or three days, when he returned with an immense crowd of his companions, who assembled in the place and formed a circle, taking no notice of the numerous spectators which so unusual an occurrence had collected. The female was brought forward into the midst of the circle, and after some consultation the whole flock fell upon her and tore her to pieces; after which they immediately dispersed and the nest was entirely abandoned.—*Cassell's Family Magazine.*

(*Continued from February Number.*)

Sensation as if Turned—head would be turned wrong side out on raising up—Baryta Carb.

" Turned—anterior half of brain were turning in a circle—Bism.

" Vise—base of brain crushed in a vise—*Nat. Sul.*

" Vise—contents of head were in a vise—Alumina.

" Vise—forehead were in a vise—PULS.

" Vise—head was seized in a vise—Cocc.

" Vise—head was in a vise—Cocc., MERC., NAT. MUR.

" Vise—head was in a vise from ear to ear over vertex—NIT. AC.

" Vise—head compressed in a vise—Baryta C., CACT. GR., Ratanhia.

" Vise—temples were in vise—Dios.

" Vise—chin and vertex were in a vise—Daph.

" Vapor—vapor spread from throat through head—Amyl Nit.

" Water—warm water running up from nape of neck—Glon.

" Water—cold water poured on head—CUP. MET.

" Water—water wobbling in brain—HEP. SULPH.

" Water—water pipes bursting in brain—Sil.

" Water—head full of boiling water—Robinia.

" Water—boiling water in side of head on which she lies—MAG. MUR.

" Water—waves of water from occiput over vertex to forehead—*Sil.*

" Water—water gushing forward in head on stooping—Ars. Met.

" Water—water in forehead—PLAT.

" Water—head was full of water swashing—Asaf. BELL., HEP., HYOS., Samb.

" Water—head wrapped up in warm water—Cepa.

" Water—water splashing in left hemisphere on walking—CARBOLIC AC.

Sensation as if Water—water dropping in cranium—CHIN. SUL.
" Water—water gurgling behind upper portion of frontal bones—Asaf.
" Water—brain was moved by boiling water—Acon.
" Watch—watch ticking in temples—CHELIDON.
" Wave—wave beating on spot on right side of head—Zinc.
" Wave—waves of pain rolled up against frontal bone—SEP.
" Wave—brain was beating in waves against skull—CHINA, Glon.
" Wedge—wedge would be pressed in occiput—Bovista.
" Wedge—wedge pushed from occiput to forehead at each respiration—Palad.
" Wedge—every beat of heart was striking wedge in head—Calc. Ars.
" Wedge—head split open with a wedge from outside to within—LACHNAUTH.
" Weight—weight pressed upon the brain at every step—MENYANTHES.
" Weight—weight lying in brain in forehead—Palad.
" Weight—weight pressing on head from above downwards—PHOS. AC.
" Weight—no weight in the head—Thramb.
" Weight—heavy weight were in head—Arn., MOSCHUS.
" Weight—weight in occiput—Luna, Syph.
" Weight—weight jolting in occiput at every step—Bell.
" Weight—tremendous weight falling on vertex—Sil.
" Wheel—mill wheel whirling in the head—CHIN., SUL.
" Whirling—something from chest up to brain—CAC. GR.
" Whirling—brain whirled round and round—*Sabad.*

Sensation as if Wind—head was open and the wind went through it—

" Wind—stream of wind from chest to head—Millef.

" Wind—cold wind blowing through head—NAT. MUR.

" Wind—wind blowing through skull on shaking head—COR. RUB.

" Wobbled—brain wobbled and struck against side of head—NUX M.

" Working—something working in top of head, a screwing from behind forward—*Plumb.*

"SENSORIUM."

" Air—he was walking in air—Aur. Mur., LAC. CAN., *Nat. Mur.*

" Air—flying or swimming in air—Calc. ars., VALER.

" Air—he were hovering in air like a spirit, when walking in the open air—Asar.

" Air—he was being lifted high in the air—HYPER.

" Air—she was floating in the air—NUX M.

" Bed—bed was bouncing patient up and down—Bell.

" Balancing—balancing himself to and fro—FER. MET.

" Board—board was before the forehead—Bell.

" Break—she would break if she lay too long in one position—Pyroz.

" Coming—stairs or ground coming up to meet him—*Pic. Ac.*

" Corner—part of head fitted into each corner of room—Can. Ind.

" Different—two entirely different trains of thought influenced him at same time—Lyss.

" Dissolving—brain were dissolving and she was going crazy—CALC. C.

" Divided—she was divided into halves and left side did not belong to her—Sil.

Sensation as if Double—she had a double existence—Can. Ind.
" Drawn—head were forcibly drawn backward—Chel.
" Drawn—head were drawn forward—Sang.
" Falling—she was falling from a height—Mosch.
" Fly—she must fly away—BELL., *Verat. Alb.*
" Fly—head flying round and round—EUP. PURP.
" Fly—he was light and could fly—CAMPH.
" Glass—body made of glass and easily broken—THUJ.
" Going—going rapidly, as on a fast sailing boat—
" Light—she was very light on walking—Spig., Thuj.
" Light—so light she could float in the air—MANCIN.
" Move—objects moved backward and forwards—Carb. Ac.
" Move—everything moving from side to side—Cic. Vir.
" Move—head was moving in all directions—Eup. Purp.
" Move—objects moved around him—NUX V., SEP.
" Move—head was moving up and down—ZINC.
" Pass—could not pass a certain point on walking without falling—ARG. N.
" Person—she existed in another person—Pyrog.
" Person—she was one person while lying on one side and some other person when lying on the other—Pyrog.
" Pieces—he was in several pieces and could not get them adjusted—PHOS.
" Motion—bed was in motion—*Lac. Can.*
" Pushed—head suddenly pushed forward—FER. PHOS.
" Raised—raised from the ground and could fly—Can. Ind.

Sensation as if Reeling—all objects were reeling—Bry.
" Rising—her chair was rising—PHOS.
" Rocked—she were being rocked—Bell.
" Rocked—he were rocked when lying down and closing eyes—Calad.
" Self—there were a second self outside of patient—BAPT.
" Sinking—she was sinking deep down in bed—Bry.
" Sinking—bed was sinking from under her—KALI. CARB.
" Somebody—she was somebody else—CAN. SAT.
" Someone—someone were back of him—Brom., Medorr.
" Someone—someone by his side doing the same thing—ARS.
" Something—he would see something if he turned round—Brom.
" Something—something drawing round in a circle and she could not hold head straight—Lyss.
" Swayed—objects around him swayed to and fro—BELL., FORM. R.
" Swayed—bed was constantly swaying back and forth—ZINC.
" Swing—in a swing—MERC.
" Swing—Swung to and fro in a swing—IGNATIA.
" Swing—head was swung from behind forward—Palad.
" Surroundings—surroundings or self tottered—Anac.
" Turn—everything turning round—Mag. C.
" Turn—surroundings turning him in a circle—Am. Carb.
" Turn—he was turned backward and around—Angustur.
" Turn—turning in a circle—ARG. NIT.
" Turn—turning in a circle when stooping—AUR. MET.
" Turn—brain were turning around—Bry.

Sensation as if Turn—head were turning in a circle—BRY.
" Turn—house were turned upside down—Bufo.
" Turn—things were turning with her—Alac., ARN., Calc. C., FER. MET.
" Turn—he had turned in a circle a long time—PULS.
" Turn—one were being turned around—BRY.
" Turn—bed was turning in a circle—CON.
" Turn---everything turning in a circle---Bell., CHEL., CYCL., *Verat.* A., ZINC.
" Turn—he were turned about so rapidly that he perceived a current of air produced by the motion—Moschus.
" Turn—occiput were turning around—Iberis Am.
" Wavering—brain was wavering—PHOS.
" Wavering—he stood on wavering ground—SUL.
" Whirling—room were whirling—NUX V.
" Whirled—everything in the head whirled around—Viol Od.
" Whirled—brain whirled round and round—Sabad.

"OUTER HEAD."

" Air—head were surrounded with hot air—AST. RUB.
" Air—draught of air across the forehea—LAUR.
" Adherent—scalp was adherent to bones of skull—Sinap.
" Ant—head was in an ant's nest—MEZ.
" Ant—ants crawling over scalp in spots—Bar. C.
" Band—India rubber band stretched tightly over head from temple to temple—CARB. AC.
" Band—hat band drawn across forehead from temple to temple over eyes, and burning ring around each eye—Chloral.
" Band—rubber band stretched over head—Coca.

Sensation as if Band—rubber band stretched over forehead—Lil. Tig.

" Board—board lay upon head—Calc., C.

" Board—board pressing against forehead—*Dulc.*, Plat.

" Board—board across forehead—Kreas.

" Board—board bound on back of head, more on left side—

" Board—board strapped across forehead—Rhus. T.

" Blister—blister had been applied to frontal region—*Sul.*

" Bound—temples were bound—Lith., C.

" Bristled—hair on head bristled—Zinc.

" Broken—bones of skull were broken—Aur. Met.

" Cap—cap was on the head—Pyrog.

" Cap—skin of head and face covered with a cap—Berb.

" Cold—cold, wet cloth in left temple—Gamb.

" Cold—someone touched him with cold thumb in small spot on forehead—Arn.

" Cast—cast fitted over the head and pressing down—*Lyss.*

" Contracted—skin of forehead was spasmodically contracted—Arn.

" Contracted—muscles of forehead and eyes were contracted—Bell.

" Contracted—skin of head was contracted—Carb., V.

" Contracted—whole side of head was contracted—Canst.

" Contracted—skin in center of forehead contracted—Gels.

" Contracted—Scalp from back and forepart of head was contracted to vertex—Sanio.

" Cord—cord frequently drawn and tightened as if to cut head in two—Masch.

" Cord—bound by a tight cord in frontal region—Merc d., Fl.

Sensation as it Creeping—something creeping in scalp of vertex—NAT., SUL.

" Crawling—something crawling on top of head —Cup., Met.

" Cushion—head was in a cushion and someone was pushing two fingers in at occiput—*Sil.*

" Drawn—smething drawn down tightly over skull—ARG., No.

" Drawn—scalp were clutched and drawn to one point of a circle—CHINA.

" Drawn—nerves of head were drawn up tightly —Cocc.

" Drawn—scalp drawn tightly over skull—Coc. Co.

" Drawn—skin of forehead drawn into folds—GRAPH.

" Drawn—scalp draw together at one spot—Zinc.

" Eiectric—electric schock in the head—Carb., Va.

" Electric—fine electric sparks in vertex, changing to a pricklingC—arb., Ac.

" Electric—gentle electric shock in scalp—Cench., Cont.

" Electric—electric sparks in left temple—Spig.

" Electric—bunch of hair on right side of head was electrified—Vesat., Alb.

" Fast—skin on forehead had grown fast—Sabin.

" Grasped—hair was grasped roughly—CHINA.

" Glue—glue had dried on forehead—Aluma.

" Hammer—hammering with flat instrument on head—Am. C.

" Hair—hair was rising up on left side of occiput —Cocco.

" Hair—hairs of head were in motion—Carb. V.

" Handkerchief—handkerchief tied around head on taking hat off—CARB., V.

" Hand—touched on forehead by an icy cold hand—HYPER.

Sensation as if Hand—hand pressed on left parietal bone which was sore—Kali., Ars.

" Hard—hard substance pressing on skull—*Stapà*.

" Hard—hard body large as an egg behind each ear—GRAPH.

" Hard—head lying on something hard—MANGAN.

" Hat—he had his hat on—Calc., Sul.

" Hot—scalp was hot and cold at the same time VERAT., ALB.

" Ice—ice on vertex—SEP.

" Ice—ice in vertex—VERAT. ALB.

" Ice—ice on top of head—ARN., SEP.

" Ice—pieces of ice laying against various parts of head—CALC. C.

" Ice—posterior half of head lay on ice—Cast., Equi.

" Insects—insects causing itching on occiput or behind ears—SEP.

" Insects—insects crawling from occiput to forehead—Zinc.

" Knife—knife like stitches just above right temple—Verbas.

" Knife—knives being thrust into the brow—LACH.

" Lice—lice on scalp—Cups.

" Loose—flesh were loose on cranium—SUL.

" Loose—scalp loosened from head back to nape—CALC. C.

" Nail—pricking in head and other parts with a nail—Asel. Tub.

" Needle—ice cold needles touched head or pierced it—AGAR.

" Needle—needles were being stuck in forehead—Caul., Cupr.

" Needle—needles sticking in middle of vertex—Cic. Vib.

" Needle—needles stinging in left temple—STANN.

" Needle—fine needles stinging in vertex—Staph.

Sensation as if Needle—needle stitcking in left side of forehead—Verbas.

" Needle—bones in vertex repeatedly pierced with a needle—Thuj.

" Photographers—head rested in photographer's head-rest—Nat. Ars.

" Pins—hair pins sticking into her head—Kali., Phos.

" Pins—pins pricking in forehead externally—Aur. Met., Calad.

" Pins—pins and needles in forehead—STRAM.

" Pithy—head were pithy—GRAPH.

" Pressed—top of head pressed against the wall —*Sul.*

" Pressed—temple were pressed by thumb—Bapt.

" Pressed—lower part of head pressed like an elastic body—Renc. Ac.

" Pulled—roots of hair pulled upward—Arg. N.

" Pulled—hair pulled out or electric shock in occiput—Arn.

" Pulled—hair was pulled—ALUM., MOG. C., PHOS.

" Pulled—pulled by hair of vertex—Acon., Ind., MAG. MUR., MUR. A. C., SUL.

" Pulled—someone pulling lock of hair upwards on vertex—CAUTH.

" Pulled—hair was being pulled out—Caps.

" Pulled—upper part of skull was being pulled up with half of the brain—Cundurango.

" Pulled—scalp and occiput pulled down tight—*Hell.*

" Pulled—someone pulling hair on back of head —Kali Phos.

" Rose—scalp suddenly sore—Polyg.

" Scraped—bones of head were scraped—PHOS. Ac.

" Seized—parts over zygomatic arch seized with pincers—PULS.

" Something—something running and crawling in hair—Cast. Equi.

Sensation as if Something—something very lightly drawn over on temples and forehead—Bar. C.

" Something—something struck behind right ear and pushed it forward on stroking hair on occiput—Ars. Sulph., Flav.

" Sore—sore spot on right side of head if hair is touched—Ambra.

" Stand—hair would stand on end—Am. C.

" Stand—hair standing on end on vertex—SPONG.

" Stood—hair stood on end—ACON., Bar. C., Carb. V., CHAM., CHEL., DULC., MUR. AC., Salic. Ac.

" Strap—strap drawn tightly across forehead—CARB. V.

" Stone—stone or lump on top of head—Phel.

" Stretched—skin of forehead tightly stretched over skull—Can. Ind.

" Sweat—ice cold sweat on forehead, but none there—GLON.

" Swollen—skin of forehead was swollen—*Stann.*

" Tight—skin of forehead was too tight—PHOS., MEDORR.

" Tight—scalp was too tight—Stront. C.

" Tied—parts tied together close to occiput—PLAT.

" Torn—nerves on right side of forehead and temple were being torn out with fine instruments—*Spig.*

" Water—drop of cold water had fallen on right frontal bone—Croc.

" Water—waves of water beating on the skull—Vig.

" Water—large quantity of cold water poured on head—Tarent.

" Water—drops of cold water falling on head—Can. Sat.

" Weight—heavy weight pressed head down on pillow—Merc. I. Fl.

" Wood—piece of wood lying across back of head—*Psor.*

Sensation as if Wood—head were made of wood—Petr.
" Wind—cold wind blowing on head—Laur., MENY., Petr.
" Wrinkled—scalp wrinkled up and kept tightening—*Zinc.*

EYES.

" Air—cold air rushing through the eye—Croc.
" Air—hot air streamed out of eyes—Kreos.
" Air—lids open and cold air blowing on right eye—*Sul.*
" Air—cold stream of air blowing out of eyes—THUJ.
" Agglutinated — eyelids were agglutinated—CAUST.
" Band—a narrow band drawn tightly across the eyeball—LAC. DEF.
" Ball—eye was a ball of fire—MERC., RUTA., SEP.
" Blood—too much blood in the eyes—Millef.
" Blood—blood forcing its way out of eyes—Lact. ac.
" Blood—all the blood run into eyes upon stooping—FER. PHOS.
" Body--foreign body in the eye--BORAX., GELS., SUL., THUJ.
" Body—foreign body caused pain in the eyes—NAT. MUR.
" Body—foreign body under the lids—MERC., Coc. C.
" Body—foreign body in right outer canthus—*Sul. Ac.*
" Bound—eyes were tightly bound by a cloth—PULS.
" Breathed—corner breathed upon—*Plb.*
" Burst—eyes would burst—*Nux V.*
" Cinders—sharp cinders in left eye—Dulc.
" Cloud—cloud over left eye—CORN. FL.
" Cloud—cloud before eyes—Lachn.
" Cloud—white cloud passed over eyes—Sanic.

Sensation as if Cobwebs—Cobwebs before the eyes—AGAR.
" Closed—something forcibly closed the eye—Cocc.
" Cloth—pain rubbing eyes with woolen cloth—Stann.
" Compressed—eyeballs were compressed from both sides—Viola. Od.
" Cord—eyes drawn together by a cord—*Zinc.*
" Cover—looking through a gray cover—SIL.
" Crawling—something crawling in the eyes—NAT. SUL.
" Crushed—eyeball were crushed—PRUNUS.
" Constricted—eyes were constricted—Chloral.
" Cutting—something cutting in lower lid—NUX. V.
" Cutting—sharp body cutting lower lid—MERC.
" Deep—eyes lay deep in the head—Zinc.
" Dragged—both eyes were being dragged back into the head by a string—PARIS, SIL.
" Drawn—left eye were drawn backward and forward—*Spig.*
" Drawn—eyeball was clutched and drawn back a moment—Sanic.
" Drawn—eyes were drawn deep into the head—Aur. Mur., ARS.
" Drawn—eyes were drawn back—Ast. rub., HEP., MEZ.
" Drawn—eyeball drawn tightly backward—Cham.
" Dust—vision perceived through dust on cornea—Cocc.
" Dust—dust in the eyes—Lachn.
" Dust—dust under the lower eyelid—*Phos.*
" Dust—dust in right eye—Lac. Fel.
" Elevation—lid passed over an elevation on bulb of eye—Symph.
" Enlarged—eyes were enlarged—*Pulex. Irrit.*
" Expanded—eyeballs expanded—SENEGA.
" Extended—eyes extended back into the head—Lac. Fel.

Sensation as if Fall—eyes would fall out on stooping—COLOC., BROIN.
" Fall—eyes would fall out of head—CHAM., IGT.; SEP.
" Feathers—feathers before eyes—ALUM., NAT. C.
" Feathers—feathers came from corner of eye—Merc.
" Feathers—feathers on eyelashes—Spig.
" Film—looking through film—*Lac. Can.*
" Fire—fire came out of eyes and tears came out of them in streams—Jam. Enj.
" Fire—fire darting out of eyes when walking in the sun—*Dulc.*
" Fire—eyelids were on fire—PHYT.
" Fire—fire was streaming from eyes—CLEM.
" Fog—objects seen through a fog—CAMPH., IGT.,, *Lach.*, LYC., MERC. SOL., MORPH. SUL., SARS., Vinc. M., *Zinc.*
" Fog—saw through fog or smoke with right eye—KALI. C.
" Fog—sees everything through fog on closing eyes and pressing on ball—Bar. C.
" Forced—brain and eyes were forced forward—SIL.
" Fringe—something like a fringe falling down over eyes—CON.
" Gauze—saw objects through gauze—CALC. C., CAUST., Cina.
" Gauze—gauze before eyes in morning—Bar. C.
" Gauze—looking through white gauze—ARS.
" Gauze—gauze before the eyes—DULC., KREOS., NAT. MUR., SUL.
" Gauze—gauze spread over left eye—Sars.
" Glass—eyeball rubbed against spiculae of glass—SUL.
" Glued—outer canthus were glued up—*Colch.*
" Hair—hair in left eye—Tarent.
" Hair—hair were in the eyes—Sang.
" Hair—a hair hung over the eyes—EUPHR.

Sensation as if Hair—hair was between the eyeballs and lids—Cocc. C.

" Jumping—eyes were jumping out of his head—GELS.

" Knife—knife thrust between ball and socket and turned about—CHIN.

" Knife—knife sticking in the eye—Viburn.

" Knife—knives sticking in the eyes—LACH.

" Knife—eyes pierced with knives—CHEL.

" Knives—knives sticking in right eyeball—COLC., SUL.

" Large—eyeballs too large—Chloral., Daph., LYC., MEZ., NAT. MUR., PARIS., Phos. Ac., PLB., SPIG.

" Large—right eyeball larger and more protruded than left—COMO. CL.

" Large—eyes were larger than usual—COMO. CL.

" Large—left eyeball so large lid would not cover it—*Chel.*

" Large—eyes were too large for orbit—AP.

" Lattice—looking through fine lattice—LYC.

" Lead—lids were of lead—NAT. SUL.

" Lead—eyebrows and lids were of lead—Lac. Fel.

" Loose—eyes were lying loose in socket—CARB. Ac.

" Membrane—membrane over the eyes—Canst.

" Membrane—membrane extended across the eye—DAPH.

" Mist—white mist before the right eye—Lac. Fel.

" Mist—mist before the eyes—ARG., Form. R. GRAPH., Lactn., Millef., Thuj.

" Mist—mist before eyes in morning—Merc. Per.

" Moving—right eye moving about while lying on left side—Lac. Fel.

" Moving—eyes moved involuntary—CALC. C.

" Mucous—cornea covered with much mucous—EUPHR.

" Needle—needle thrust into right eyeball—SPIG.

Sensation as if Needle—hundred needle points suddenly thrust into lid—*Verat. Alb.*

" Needles—fine needles sticking in right lower and left upper lid—Zinc.

" Needles—needles stinging in the eye—CALC. C. CAUST..

" Net—net before the eyes—CHIN. SUL.

" Net—net swimming before eyes—CARB. AC.

" Obscured—objects were obscured—CÁCT. GR.

" Opened—eyelids opened wider so that field of vision seems enlarged—Fluor. Ac.

" Out—eyes were pulling out of head to one side or another when closed—*Medorr.*

" Out—both eyes would be forced out of head—HAM.

" Out—eyes would be forced out when pressing on the throat—LACH.

" Out—eyes were coming out of their sockets—ACON., BELL.

" Paper—white paper obscured vision—Bell.

" Pieces—left eye would fly to pieces—*Spig.*

" Paralyzed—eyeballs were paralyzed—Cocc.

" Press—something pressing on the top of eyeballs moving down and outward—CAMO. CL.

" Press—eyeballs pressed from above downward —Coloc., Sinap.

" Press—something pressing around in the eye —Cist.

" Press—eyeballs pressed against sides of orbits —Card. Mar.

" Press—eye would be pressed into head—Bapt., PULS.

" Press—eyes would be pressed asunder—Asar., PRUN.

" Press—eyelids and balls pressed by a weight—Corn. Cir.

" Press—eyes were forcibly pressed out—Daph.

" Press—right eye pressed from behind—Fluor. Ac.

THEORY AND PRACTICE.

TREATMENT OF DRUG OR ARTIFICIAL DISEASES.

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"Under the class of Chronic Diseases, we have unfortunately to render those numerous fictitious maladies, of universal propagation, arising from the long continued administration, by the allopathists, of violent, heroic medicines in large and increasing doses, from the abuse of Calomel, Corrosive Sublimate, mercurial ointment, Nitrate of Silver, Iodine and its ointment, Opium, Valerian, Bark and Quinine, Digitalis-purpurea, Hydrocyanic-acid, Sulphur and Sulphuric-acid, long-continued evacuents, venesection, leeches, setons, issues, etc., by which the vital power is either unmercifully weakened, or, if it be not exhausted, gradually becomes so abnormally altered (in different manners, according to the particular medicine administered) that, in order to support life against such destructive assaults, it must effect changes in the organization, and either deprive this, or the other part of its sensibility or irritability, or exalt these properties to excess, produce dilatation or contraction, relaxation or induration of parts, or else totally destroy them, and here and there induce organic changes, both internally and externally (maim as it were, the interior and exterior of the body), in order to protect the organization against the entire destruction of life, from the reiterated assaults of such hostile and destructive influences.

The most distressing and unmanagable chronic maladies affecting the human system are those which have been superinduced by the unskillful treatment of those allopathists (in modern times most injurious), and I regret to say that, when they have attained a considerable height, it would seem as though no remedy could be discovered or devised for their cure. The Dispenser of all good has granted us aid, by means of homœopat for the removal of natural diseases only; but those which superinduced by a false art, those in which the ism has been maltreated and crippled,

both internally and externally, by means of pernicious medication, the vital power itself, provided, indeed, if it be not already too much enfeebled by such assaults, and can employ, uninterruptedly, whole years to the serious process,—the vital power must reduce these fictitious diseases (assisted by appropriate aid directed against a chronic miasm, which probably still lies concealed within). An art of healing, intended for re establishing to their normal condition those countless morbid changes of the body which are often induced by the mischievous arts of allopathy, does not, nor cannot exist." (*Organon*, § § 74,75,76.)

We thus find that the worst species of chronic diseases are those produced by the imperfect treatment of allopathic physicians. That these diseases were regarded by Hahnemann as not only the most difficult to cure, but they were positively incurable unless there was sufficient vital force yet remaining in the system to repair the injury inflicted by the abuse of remedial agents. We also find in the Organon that the three necessary points in healing are: "first, to ascertain the disease; second, the action of the remedies; third, the proper application of the same to the disturbed vital force." (Organon §71).

Hahnemann also teaches that a lesser disease cannot be cured in the presence of a greater. It may be readily conceded therefore, that artificial or drug diseases being harder to cure than natural diseases, must first be eradicated before it is possible to cure the natural disease. This, I believe to be the experience of all true physicians; consequently all so-called cures performed in any other way are nothing more than palliation; and it seems to me that the larger part of the homœopathic prescribing of today is only a highly refined (and consequently most dangerous) system of palliation. It being conceded that Hahnemann was correct in this statement, as I have no doubt he was, the question arises, how shall we dispose of the greater or drug disease so as to be able to cure the natural or weaker one?

If the translation of the Organon be correct, Hahnemann says that there are no cures for artificial diseases caused by drugs, except to wait for the vital power to remove them, assisted by appropriate aid directed against a chronic miasm which probably lies concealed within. In another sec-

tion he seems to think that there was not, nor ever would be an art of healing that could remove these artificial diseases. So much of his later investigation is at present unknown that we have no means for determining what his final conclusions may have been; hence the imperative necessity for the publication of all his latter writings at the earliest possible moment. It is an unsolved mystery to me how such men as Bonninghausen, Lippe, Wells and Hering could have stumbled over the problem of removing artificial diseases for a lifetime, and not have discovered the *modus operandi*.

Nearly twenty years ago, I observed the curious circumstance that a drug in the higher potencies would help a case when the some drug in crude form or lower potencies had been given without benefit; but it taught me nothing at the time, for I did not understand its mode of operation. As time advanced, however, and I began to realize more fully the tremendous importance of learning in some way how to rid the patient of artificial diseases, my thought based upon the belief that there was no disease outside the domain of law, and consequently without the bounds of remedial agents, led me to study and experiment still further; and gradually the great fact dawned upon me that the very high potencies of any drug were the only complete and perfect antidotes to the dynamis of the crude and very low potencies of the same. This seemed to be the only possible conclusion to be drawn from the laws that Hahnemann had already discovered. The importance of this application of the law of *similia similibus curantur* is almost overwhelming to the man who had regarded these drug diseases as incurable. I certainly had been on the wrong track in trying to remove the disturbing influences due to the persistent drugging of the past by any other means than by the application of the same drug in its potentized form as the the similimum. The persistent drugging, in many cases, had so completely disfigured the image of the disease as to make it impossible to find a similar covering the entire image, the natural result being that the physician has felt compelled to give some remedies like Nux Vomica, Natrum Muriaticum or Pulsatilla to develop in an empirical way that which has been suppressed by the mis-application of drugs in the past, oft times leading to the unhappy conclusion that

the case is either incurable or passes beyond the domain of human effort.

As I said before, it gradually dawned upon me that this law of antidotes was simply a more perfect application of the law of similars than anything which has gone before. For the last three years I have been continually applying these principles in my practice, demonstrating the reliability of their application in most difficult cases, with results little short of the marvelous, and still I hesitated about advancing this application of the law of cure because of the revolution it must make in the treatment of diseases; and for the first time, I taught the senior class in Hering college last winter that it was a *universal law that the high potencies are the only true similimum of the dynamis of the low potencies or crude drug. Consequently the only way to cure the artificial diseases invariably caused by the improper administration of drugs was to give an exceedingly high potency of the same drug.*

This teaching naturally raised opposition, and in some cases bitter denunciation but the advice given by the immortal Hahnemann to PUT THESE PRINCIPLES TO THE TEST, AND TO PUBLISH IT'S FAILURES, applies as clearly to those who oppose this application of the law of cure, and to those who deny the universality of the application of the law of *similia similibus curantur* to the cure of disease. These conclusions are not the result of a slight investigation, but have been most thoroughly tested; and any number of verifications can be and will be given in future issues of the MEDICAL ADVANCE. The following case shows the method of application:

June 5, 1890.—Miss C. N., age 17. Father and mother were always healthy—mother was vaccinated. Father was 21 years older than mother.

Good recovery from chicken-pox and whooping cough.

Had "scald head,"—blood never seemed to be clean as in other children. When anything was the matter with her always "broke out."

Had hives in hot weather.

Formerly had ingrowing toe nails and styes.

Had boils on arms at eight years, and again three years ago.

Had ague, using quinine and cathartics.

Edges of the vellum are a little red, and there is gray mucous working down the posterior wall of the pharynx.

Teeth bad.

She chafed much when a baby.

Had a few warts when small.

Pueberty at eleven years; regular flow from seven to nine days; discharge dark.

Legs ache before and during menses.

Three years ago was attacked with eczema, which began in the axillae, but it has not returned since the first attack; it itched and burned, and external applications of sulphur and lard were used. Then it came in the flexure of the arms, finally spreading over the arms, flesh almost raw. And so it comes and goes. There has been external application of many things, which at first stopped the itching and dried it up, but it does not do it now. Last winter the eczema appeared in the popliteal spaces, but now it is all over, even on the scalp, itching and burning, and a feeling as if thousands of needles were pricking the scalp. She has taken much medicine. The doctors supposed that the menses caused the eczema, and gave her medicine to reduce the menstrual flow, until now it lasts about two days. Has used Fowler's solution of Arsenic and has used "om" preparation of Arsenic. The eruption comes on the face, and oozes a sticky substance, and has eaten holes in the arms; the cheeks are raw, and the eruption is offensive.

Feels tired out and weak all the time.

The eruption did not show on the face until this Spring, when she took Hood's Sarsaparilla. Face was, and is swollen Took Fowler's solution four weeks and it nearly killed her. For years could not read to amount to anything. Has had no headache or toothache since the eruption. Suffers more at night with eczema; (her mother is subject to sick headache).

Has had goitre for four years, but it is smaller than it was; blood has been hot for a year or more, but thinks it is since taking the Arsenic; has to get up five or six times during the night to urinate—sometimes urinates more at night than in daytime; drinks a great deal of water; is fond of ham and shoulder, fruits and sours, such as pickles, etc., used to dream of flying. ℞ Arsenicum Alb.^{cm}.

June 8, 1890 —The menses are flowing now, came yesterday,

and flowing freely, the color is right. She ached all over and was tired before they came on, but feels better since the flow has started. The eruption is on the increase and still itches worst at night. Does not have to get up so many times in the night to urinate; thirst is less; appetite either too great or too small; since childhood she moans in her sleep so that she can be heard all over the house; had worms and spasms at eight years of age; had something like ring-worm in the thigh, using external application, took medicine and cured it. ℞ Sac. lac.

June 20, 1890.—She is not "broken" out" so much now as when we were there, and the eruption is mostly on her arms and under her knees (Popliteal spaces); can see it under the skin on her face and on her hands, and she still itches and burns; it does not discharge every day, and sometimes heals over for a day, then opens and discharges again. The discharge does not smell so badly, and now looks as though a needle had been run into the flesh until it bled, and the blood looks darker and more healthy.

She was unwell five days and nights; the flow looked more natural than ever before, had a good color—a little darker than I thought it ought to be.

She had not much inward fever, is not so thirsty, does not pass much water—it is of good color, with no sediment in the vessel.

She still has those hot flashes, and her eyes look as though she was very bilious.

Has good appetite.

Is very nervous; the other morning she awoke twitching and jerking, and could not stop for some time; thought she was going to have a spasm; has awakened this way several times, but would shut her hands tightly and get over it. She dreams much about elevators and of falling down them. Sac. lac.

July 10, 1890.—C. is better, but still far from being well.

Her arms are still broken out, and itch and burn a great deal at times; she is feverish all the time, but does not want to drink as much as she did; does not pass more water than she ought to, and it is all right.

She has just been unwell; it lasted about three days and nights, and was natural in all ways. Appetite is good, and she thinks she is going to get over her trouble; has a great deal of

fever all the time, and cannot perspire any; is constipated most of the time. We think she is better, and that you will cure her; her face is clear, which is a great deal of satisfaction to her; has more fever at night, and it makes her so weak. Sulphur 6m (Jenischen).

August 14, 1890.—"Our daughter is still gaining. She is still broken out some on her arms and face, but not nearly so much as she was; her general health is good; was unwell at the right time for four days. It was natural. Has no more fever and perspires freely since the last medicine. When she gets too warm her arms burn and itch same as they always did. We hope by the end of another month that she will be well." Sac. lac.

Sept. 19, 1890.—"C is still improving, and is not broken out in any place but inside of arms, and there but a little; her health is much better than for years, and she has every confidence that you will cure her. (She had no faith in a cure at the first seance, and cried in despair). She is regular in her courses, and was so four days, and it looked all right. She ached and felt badly for several days previously. Appetite and sleep are good, and she is now attending school." Sulphur cm (S k). (Promised to report if the last medicine did not finish the case, and no further report).

SPEAKING of actors, Mr. Osbourne tells me that when quite young he went through the country with a barn-storming company that was giving "Hamlet." The performance was simply vile, and all the audience commenced to hiss, except one.

At last the man next to him said,—

"Why don't you hiss this punk show?"

"It would't hardly be fair," he said, "since I came in on a pass. But if they don't improve, damned if I don't go out and buy a ticket and join you."—*Le Perdrix, in The Wasp.*

A barrister tormented a poor German witness with so many questions that the old man declared he was so exhausted that he must have a drink of water before he could say another word. Upon this the judge remarked, "I think, sir, you had better let the witness go now; for you have pumped him dry."—*The Green Bay.*

SURGERY.

REPORT ON ORIFICIAL SURGERY BASED ON ANALYSES OF ONE THOUSAND CASES, READ AT THE HOMŒOPATHIC MEDICAL CONGRESS.

BY CHESTER G. HIGBEE, M. D., ST. PAUL, MINN.

The author of the review with the above title recently said, "An article, when it is given to the profession, becomes the property of the public and is justly open to criticism and condemnation if founded in error, or adoption if approved by experience and practical application." As this report was read just before midnight when many of the doctors had been busy ten or twelve hours, the subject matter of the author's conclusions were passed with but little consideration. This surely was not because the subject was unimportant or the presentation unmagnetic. We believe if the so-called principles therein promulgated are of such unusual application and as curative as the author asserts the facts should be generally known. We believe also that if there is more fancy than philosophy in the theory, and that patients are subjected to unnecessary operations endangering their lives and mutilating their bodies, this too should be known to the profession. As the paper has been published and commented upon by personal adherents of the author, will it not be well to consider in detail the report and draw our own conclusions?

The author applies the theory to so-called incurable diseases, but in practice, as illustrated in the detailed report, he treats hundred of cases which every homœopathic physician ought to know are curable by other treatment and without the use of the knife or any other serious operation. Suppose some patients do make what seems to them an almost miraculous recovery. All physicians have similiar cases under different forms of treatment, but they do not make a practice of publishing such cases and citing them as evidence that the special form of treatment used in that case establishes a principle in practice.

When the author makes the assertion that "always and with-

out exception under such circumstances upon examination will there be found pathological conditions at the lower openings of the body sufficient to account for the lowered vitality which alone could explain prolonged pathology," his experience certainly does not accord with that of any considerable number of educated homœopathic physicians and is not our own, for we have examined hundreds of cases expecting, from the theory, to find disease at the lower orifices, and after the closest scrutiny could find nothing of the kind. It is well said that specialists find what they are looking for. Many times in consultation with so-called orificial surgeons we have demonstrated that the supposed pathological condition was nothing more than an exaggerated growth of healthy tissue. In an elongated prepuce we have an example of abnormal growth without pathology. To be sure, a strictured prepuce may *cause* pathological conditions, but thousands of cases never have any such conditions. How absurd to say that the Jewish rite should be applied to all cases because one in thousands needs it.

We fully agree with the author's third proposition "that greater care must be exercised in its employment, or its methods must be so improved as to add to its efficiency as a remedial agency and deprive it of its power for harm." It does not seem to have occurred to him that there was any *inconsistency* in assuring us that his measures will cure conditions caused by "anæsthesia or hyperæsthesia," and by contraction or dilatation. Is it reasonable to suppose that Nature has so changed her process of repair that even with our reporter's assistance she cures acne or eczema in a *few days*? He very considerately says that in "nasal catarrah and hay fever some form of local treatment may be necessary to complete the cure."

We will not enumerate all the minor diseases to which he says he has applied the treatment and which are so readily curable by other means. It will also need other evidence than that contained in this report to convince the average physician that organic diseases such as spinal sclerosis, Bright's disease, diabetes, or phthisis pulmonalis can be cured by this method.

As we see by the list of fatal cases that he made several mistakes in diagnosis, it is fair to suppose that he may have been mistaken in some others which he reports as cured.

In examining the list of cases given we have figured that more than seven hundred useless operations were performed. We say "useless," for in our experience and from the knowledge of the cases gained from the report we believe they could have been cured without an operation. Others are reported as no better from the operation. Scores and we believe hundreds of physicians will bear witness that with the proper use of electricity, without other means, better results could have been obtained in the cases cited. Electricity will do all that the author claims for many of his operations. It will instantly flush the capillaries, and the dose can be regulated to get the desired effect without subjecting the patient to the possibility of injury. We would not overlook the fact that these cases had been under treatment for a longer or shorter period of time, and of all forms of treatment, including electricity.

If the other treatment had not been more intelligently applied than the so-called electrical treatment as used by physicians in general we do not wonder that these cases were considered incurable. In speaking apologetically for the many failures the author says: "In such cases this condition is either the result of unfinished work or of poor work, and of course should be charged to these accounts rather than reported as arguments against the philosophy." He further writes: "It is quite common, however, for three, six, nine and even twelve months or *longer* to elapse before satisfactory reaction takes place, even in cases which finally recover as a result of the work." How many of the cases are ever heard from "three, six or twelve months or more" after they have gone through this operating mill? How does the author know that there was final recovery or what evidence has he that it *is* the "result of the work"? These are pertinent questions that apply to a large number of the cases reported. What shall we say of one who will operate (and take large fees for the same) upon forty-three cases of cancer, and even with his fertile imagination cannot report the least benefit to the patients?

We now review the report of the fatal cases. Of the female cases the first was clearly a case of too much surgery. A delicate, chlorotic woman is subjected to the so-called "American operation." Her uterus is scraped and packed and still she

survives until a second scraping and packing produces cellulitis and death.

The third and sixth case show an inexcusable mistake in diagnosis, when it is probable that, if the true condition had been recognized and only the necessary operation performed, the patient would have recovered. It is beyond comprehension how a physician of the author's intelligence and experience can be so prejudiced or blinded by his one idea of rectal pathology that he could overlook these cases of pyo-salpinx or ovarian abscess that are curable and perform useless and uncalled-for operations, resulting fatally.

The fourth case was no doubt the result of too much surgery, for there is nothing in the case as he describes it that need endanger life.

The fifth case was one of mental depression and spinal irritation. Uterine scraping and packing and rectal dilatation and *death* from *septicaemia*. Of course the septicæmia was the direct result of the useless scraping and packing.

The seventh case is one that might prove fatal from any operation under an anæsthetic. We think it probable a case needing careful preliminary treatment and an operation for laceration without the middlesome rectal operation or dilatation.

The eighth case, chlorosis and a mild form of hysteria. Operation for laceration of the cervix, *rectal* dilatation, and death.

What shall we say of the fatal cases among the men? We do not know any possible excuse or justification for such an operation in either of these cases. According to the best judgment of all our best authorities there was no possibility of obtaining even relief by such an operation, and there was every probability that it would prove fatal.

In conclusion, we wish to say that we have for many years had a pleasant, personal and professional acquaintance with the author of the paper, and no one glories more than we in his American push and enterprise. How he could present this paper as a scientific explanation and verification of his theories passes the comprehension of many of his friends. By later reports we learn that those women who survive his rectal operations are now being subjected to a new operation

for the removal of the uterus. We fear that an operation which is undoubtedly a valuable addition to our surgical methods may be prostituted to the craze to operate and many needless operations of this kind be performed.—*Homœopathic Journal of Obstetrics, Gynecology and Pedology.*

Russian Snow-Shoeing.—The Russian snow-shoe has nothing in common with the Canadian *raquette*, but is a long, thin strip of well-seasoned birch wood, about seven feet long by four inches wide, curving upwards like a skate in front, and with a slight longitudinal groove along the centre of the under surface, which gives a grip on the snow when going up-hill. It is fastened to the foot by a leather strap passing over the toe, and a birch-bark withy around the heel. On these shoes the Olonetz peasant almost lives during the winter,—shooting down the steepest hills, scaling the most difficult slopes, and traversing the thickest and most broken forest with an ease that seems well-nigh miraculous. Running, or rather skating, on snow-shoes in an open or hilly country, with a slight crust on the snow, is one of the most exhilarating forms of exercise possible. The work falls chiefly on the muscles of the back and thighs, the shoe being allowed to work freely from the ball of the foot, but not lifted from the ground. Over the flat, four or five versts an hour is considered good going for a long distance, though on a spurt considerably more can be done. The double shuffle which old Feodor used to develop on occasion filled us with envy and admiration. Snow-shoeing down hill, however, is the "cream" of the sport. A few quick steps launch you into space, and, bringing your shoes parallel, leaning slightly forward, swaying your body to meet the inequalities of the ground, and guiding yourself with a long stick,—provided with a knob at one end for propulsion against the snow, and a hook at the other end with which you may "hang on" to any handy tree when ascending a hill,—down you shoot with ever-increasing velocity, and a delightful feeling of the absence of all effort, till your momentum dies gradually away on the plain below.

But getting back again is a different matter, and on a slippery slope an awful conviction of impotence comes over the beginner when he pants about half-way up, "blown" with his exertions, and feels that just at the critical point his shoes are beginning to slip from under him, and that he will be carried down again in an ignominious squatting position to the bottom of the hill.—*Temple Bar.*

EDITORIALS.

A PAPER FOR THE MASSES.—One hundred years ago the medical profession declared war upon homœopathy and upon all who professed any faith in its teachings as a means for the cure of the sick. This war was waged openly and incessantly until the leaders recognized the lack of wisdom in their attack upon Hahnemann and his followers, and then executed a flank movement, seeking to undermine the progress and the influence of the school by legal means and such other obstacles as could be placed in their way. Homœopathy has been compelled to maintain a defensive attitude through all these years, until a large proportion of its adherents acknowledge the justice of the charges raised against the school, by their apologetical attitude towards their persecutors; and their cry for peace and a cessation of hostilities is a simple acknowledgment of the weakness of their own faith and the limited degree of their own knowledge of the law of *similia similibus curantur*. These same professed believers in the principles promulgated by Hahnemann ignore in their practice almost every tenet in their article of faith until the public at large fail to recognize any appreciable difference, so far as treatment is concerned, between members of the two schools. This state of affairs is largely the result of the limited knowledge of the philosophy to be found in the Organon. They are simply following the teaching of their Alma Mater, and finding the faithful application of the same to be unsatisfactory they have drifted with the current until they know not where they really do stand. Of all divisions of the healing art ever known to mankind the tenets of pure homœopathy require the broadest foundation and the most profound scholarship of any. The man who would successfully comprehend the problems laid down in the Organon must bring to the study a thorough knowledge of both material and mental sciences. The MEDICAL ADVANCE has sought to impress upon the minds of its readers the importance of a close adherence to the strictly inductive method of Hahnemann, and its degree of success may be measured by the faithful adherence to this law of cure generally manifested by

those physicians who are constant readers of this journal. For the past year it has seemed imperative that a step be taken in advance. A large number of physicians read the MEDICAL ADVANCE for a short time and then write saying they cannot understand its contents; that those who write for the journal have reached a point so utterly beyond their comprehension that they cannot put its teachings to use, and on that ground request a discontinuance.

The masses of the people know but little of the philosophy underlying the law of cure laid down by Hahnemann, and taking it for granted that all who profess a belief in its principles must practice according to the same, do not know how to discriminate between those who try to make their practice accord with the truth and those who are content with the crudest forms of palliation.

The time has come when those who sincerely believe the law of *similia similibus curantur* to be the safest, surest and best method for the healing of the sick to take a more aggressive stand for he truth than has been taken within the past twenty-five years. It is a discouraging, and often times disheartening effort to raise the standard of medical practice among the people to a point where they will appreciate that which is done for them; the effort is more discouraging when the faithful but humble follower of Hahnemann must fight single handed.

The following plan unfolds itself for solving this difficulty by more quickly educating the public to a point where they can appreciate the difference between the true and the false, than by the single handed efforts of the individual. This plan proposes the publication of a newspaper similar in character to the *Homœopathic Envoy* or the *People's Health Journal*, which will contain short articles from the ADVANCE, *The Homœopathic Physician*, *The Visitor*, or any other source explaining to its readers the principles of homœopathy; how it should be practiced, and how to detect counterfeits; extracts from reports of cases; what is done as the result of true prescribing; articles on proper hygiene; the proper sphere for the use of disinfectants; local treatment; anodynes; cooking, eating, etc., with wit, humor, puns, burlesques, or anything that will seek to lead the mind of the reader to thoughts of the

truth without anything disparaging or discourteous to those who are ignorantly doing what they can for suffering humanity. It would also be within the province of this paper to insert the cards of such physicians as try to faithfully follow the cardinal principles of homœopathy, and are willing to support such a scheme with their patronage, and such other first-class advertisements as would not conflict with this faith and practice. Such a paper should be so edited and published that each physician might be able to supply his patrons and friends with the same with but a small outlay of twenty-five or fifty cents a year. The paper should begin as a quarterly or monthly, and the frequency of its visits made to correspond with its support. The publishers of the MEDICAL ADVANCE have been seriously considering the advisability of this step, and think it is high time that we wake up and set our light on a table and not under a bushel; let it shine over all the world so that men may know what should constitute the true physician.

* * *

The faithful consideration of Dr. Butler's article "Repetition of the Dose" is earnestly requested of every reader of the ADVANCE, as it is one of the clearest expositions of this very important question we have ever seen, and a consideration of the suggestions brought out in this article will secure better results than can be known under any unsystematic application of the rule. If the Symposium succeeds in crystallizing these different questions, sufficiently important results will have been accomplished to repay the different contributors for the study necessary to bring forth such a work. We hope to have an article belonging to the symposium appear in each issue of the ADVANCE until the list is completed.

* * *

The announcement of a post-graduate course in Hering College is meeting with a very hearty response from physicians throughout the country, and the first course bids fair to range in number with the first course opened up for the instruction of under-graduates. It is urged upon the different physicians planning to take this course that they bring with them one or more difficult cases requiring medical or surgical treatment, as such cases

prove more valuable *object lessons* than those in whom the physician has no personal interest. The expense in such cases being limited to their living expenses while in the city. The hospital connected with the College is a commodious and comfortable residence building within a block and a half of the College, making one of those quiet, homelike sanitariums so greatly appreciated by the sick. The fixed charge for patients ranges from $7 to $35 per week, depending upon the room, and the attendance required.

* * *

The article written by Dr. E. W. Sawyer on treatment of drug or arti-diseases undoubtedly will receive much careful consideration, not only from the readers of the ADVANCE but from the profession at large. This is but an introductory article to the series to be presented by the same author. As soon as it appears in the journal it becomes public property. The Doctor wishes a discussion of the question involved, and will try to answer any and every objection raised against the same. The columns of the ADVANCE will be open to this discussion, void of personalities, since it is the desire of all concerned that the principles involved may be carefully weighed in the balance, and a fair decision rendered as to their merit.

* * *

One hundred copies of the Repertory now being published in the ADVANCE will be printed. Each copy will contain about one hundred and fifty pages, put up in a neat binding, and will be supplied in the order in which the applications are received. The cost of the Repertory will be determined by the size of the work, and the expense connected with the same.

CONSENSUS OF OPINION ON THE VALUE OF VACCINATION FROM DIFFERENT SOURCES.

A state convention of those opposed to compulsory vaccination was held in Indianapolis during the winter. At this meeting Dr. W. B. Clark read a valuable paper from which we quote extracts:

"Time is all too short right here to adduce much testimony against the pro-vaccination side of the controversy, for controversy it has now become, so we will here speak of the compul-

sory phase of the subject. During the last six months there have been a few cases of small-pox in the State of Indiana, averaging about one case to every fifteen thousand inhabitants. Instantly the local and State boards of health began to order and enforce vaccination upon the children, its labors being materially supplemented and assisted by the bulldozing tactics of the school boards in refusing or threatening to refuse children admittance to the schools. For instance, in this city ten thousand children were thus obliged to get vaccinated, and without the least warrant according to the laws of the State. There is no law directly controlling the vaccination of any one in this State except a 'police' pretext seized upon by the State Board of Health, and even that reads to the effect that any person so forced to become vaccinated must first have been exposed to the small-pox. As not one of the ten thousand children so vaccinated in this city had been so exposed, it is evident that there was no legal warrant for the act. Similar tactics were put on parade in many other places in the State and over-officious local health officers made rules of their own, until "called down" by Judge Monk's decision at Union City that local boards have no power to make rules, but are simply to enforce existing rules of the State board.

The doctor than treats of the compulsory idea as being peculiarly abhorrent to the free born citizen of America:

The compulsory part of vaccination is a phase of the subject peculiarly repugnant to a free American, even if he believed in its efficacy, but abhorrent to one who does not so believe. And if one family is vaccinated, and believe in it, what possible difference can it make to its members if a neighbor family does not so believe and is not vaccinated?

He then quotes from the paper read before the French Academy of Medicine by Chauveau in 1891 concluding with the following:

"(1) Vaccine virus never gives small-pox to man; (2) variolic virus never gives vaccina to the cow; (3) vaccine is not even attenuated small-pox. How, then, there being no resemblance between the two, can vaccine virus confer immunity from small-pox?

After giving statistics of the vaccinationists:

"As the members of the State Board of Health believe, with their peers, that in frequent vaccination safety alone resides, why does not the board invade our factories, churches, theatres and marts with the lancet and ivory point and not confine its labors to the pupils of the schools, sowing seeds of poison, disease and death in the blood of helpless and trusting children? Because it does not dare to do so, for it

knows that it has not the legal authority; and we know that it has not the right to perform the superstitious rite on our children without our permission. William Cobbett, M. P., thus tersely expresses our sentiments on this point: 'Compulsory vaccination can be adopted in no country where the people are not vassals or slaves.' The 'police' pretext of the Board of Health is a flimsy one, and will not stand the test of law, as shown in other states. It is not above the Constitution of the State or of the United States. When that speaks its voice must be heeded. The latter says: 'No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States, nor deprive of property without due process of law.' Your children have the privileges of the public schools, and you have a property right vested therein, for do you not pay your share of the tax which maintains them? The *ignis fatuus* defect of the health board plan is worth mention, viz., it strikes at a possible evil, not at an existing one, and entails expense and sickness upon the well. As so forcibly hinted by attorney T. M. Wyatt, of New York, it might just as well order the Koch lymph as a preventive of consumption, the Pasteur inoculation to head off hydrophobia, a course of comma bacillus to prevent cholera, diphtheria germ cultures for possible diphtheria—in short, all the germs from Germany, parasites from Paris and the microbes from Ireland, and finally, *mirable dictu!* a course of dope and bichloride of gold to prevent possible drunkenness!

"I will not weary you with statistical details showing the inefficacy of vaccination in the prevention of smallpox. They are as familiar to you as they are to me, but I will be an attentive listener to those of you who may choose to recount some of them. But I do not wish to leave the subject without calling attention to the dangers coming to us through vaccination. They are great and many, as I am prepared to show, but will leave for some of you the unpleasant duty of this exposition. And the text may be taken from Copeland's Medical Dictionary, as follows: 'It is certain that scrofulous and tuberculous diseases have increased since the introduction of cowpox, and that the vaccine favors particularly the prevalence of various forms of scrofula.' And Dr. Epps, for twenty-five years director of the Jenner Institute, England, says: 'The vaccine virus is a poison that penetrates all organic systems and, without neutralizing the smallpox, paralyzes the expansive power of a good constitution so that disease falls back upon the mucous membranes. So nobody has the right to transplant such a mischievous poison into the life of a child.' And Professor Newman says: 'Against the body of a healthy man or infant, Parliament has no right of assault whatever

under pretense of the public health. No lawgiver can have the right, and such a law is an unendurable usurpation and creates the right of resistance.' "

Dr. Fincke, Brooklyn, N. Y., has been waging war against compulsory vaccination in the city schools of Brooklyn, and the following clipping from *Brooklyn Eagle* clearly states the position held by the anti-vaccinationists of the homœopathic school of today.

The board of education appears to be in a most unenviable position if it persists upon the exclusion of anybody from the public schools who is not vaccinated or has not had small-pox. It is by that law forced into an opposition to the dearest rights of any inhabitant of this blessed republic warranted by the Declaration of Independence and the Constitution of the United States, and gives an example to the pupils under its supervision calculated to disturb and warp the young minds of the growing generation confided to their care. They force any person or child to have inserted into a wound made for the purpose in one part or another an organic poison, the damage of which is incalculable, as the facts show. This and nothing else is vaccination, as they claim. But if it is not, surely the board of education stands upon uncertain ground and no assistance from the board of health can strengthen its foothold. For, as the medical member of the board claimed: "Vaccination is an operation which consists in inserting the vaccine virus under the cuticle so that it may enter the absorbents." Here it is clearly announced the vaccine is a virus, in English vernacular, a poison. Is it allowed in a civilized country, such as the United States is in preference, to insert a a poison into a wound made for the purpose, into the body of anybody, person or child? It seems that a poison should not be administered, neither internally nor externally by a wound in the skin, without endangering the life more or less, making sick or even killing the individual. It has been said that the vaccine poison is innocuous and protects from taking the small-pox. But it is notorious that the eldest boy of Jenner, on whom he experimented with the vaccine virus, died of consumption, and so likewise did the man Phipps die from consumption after Jenner's vaccination. Yet after a hundred years of cruel warfare and untold misery caused by it, vaccination is in the United States public schools made compulsory by the board of education of one of the largest cities to the exclusion of those entitled by law to partake of the blessings of a superior education. The public schools are the bulwark of liberty, they are the sure foundation of republican government, they are the *postulatum* of the spirit enlightened by the acquirements of untold ages.

But it is not the liberty alone which is suppressed, but the life and happiness of those condemned to vaccination and of those concerned in the welfare of the person or child going to school have no less to be considered. The vaccination which is claimed as the sure protector from smallpox is not vaccination in the sense of which the authority speaks. Vaccine is matter taken from the pustules of the cowpox, but this virus is not used because it has been found too dangerous even in the earlier decades of our century. It therefore has been modified by letting it go through children and taking the virus from them for vaccination; this was called humanized cowpox. After finding that this would not do, because in addition to the action of the cowpox it transferred diseases latent in the children as an inheritance from their fathers and mothers, they fell upon the idea to vaccinate calves, heifers, nay, even bulls, (as in Basle), with cowpox and take the virus from these animals, and this is the kind of vaccination practiced in the public schools; it is, therefore, not vaccination in the sense of the medical authority alluded to. It is virus of young animals which are poisoned by the cowpox virus inserted into delicate parts from which the so-called vaccinating matter is taken for contaminating the children of the public schools. This is not vaccine, for only the milking cow is affected by the so-called cowpox at the udder, but no bull calf, nor heifer nor bull ever gets the cowpox naturally. The order given out by the board, therefore, misses its mark, for vaccination is not practiced in the public schools. What deleterious effect this inoculation, alas! too frequently has, has been revealed to us homœopathists who had to cure the miserable botchings in the thus poisoned inmates of public schools and other unfortunates. It stands to reason they would not go to those who advocate this barbarous system of inserting organic poison into the body; they would come to the humane system of homœopathy, which does not poison the people in order to cure and has means of which those fanatics of vaccination do not dream. To these belongs the homœopathic variolation by a high potency (900 centesimal) of the smallpox poison given in a dozen pellets on the tongue of a person or child for three successive nights. This procedure grows out of a legitimate postulate of homœopathics. For, in order to learn the virtue of a medicine substance we must prove it upon the healthy. The symptoms appearing after many trials on all kinds of individuals indicate the range of efficaciousness of this remedy in the sick. For then it will, if given in the proper potentiation which must go higher than that any analysis of physical science could detect, heal the sick and leave no trace of its existence behind, according to the eternal law of cure: *Similia similibus curantur.* These provings, then, upon the healthy

person or child with the remedy called variolin, constitute the homœopathic prophylaxis against smallpox, because, if there is any susceptibility in the person or child for this loathsome disease, the high potency of variolin will bring it out in symptoms more or less resembling it in a higher or lesser degree, but never so much as to endanger health. The medicinal force of the remedy expends itself in the symptoms and nothing is left of it because it has no material substratum but a little sugar, which can do no harm. The principle upon which this remedy acts is the same as was intended by the Jennerian vaccination, the simility of the cowpox to the smallpox. But the difference turns upon the dose which, in the claim of the board of education, is the clear nondescript animal poison inserted in a wound, while with the homœopathic process a few small globules of a high potency are placed on the tongue. Therefore this cannot, in the mind of the board, be called a quarrel of medical schools, but it is a matter of fact which the people—*populus Americanus*—has to test for its own welfare. It should not be forgotten in this connection that this vaccination business covers a mighty commercial interest, while the supply of the people with variolin would seriously interfere with it. For thus everybody would have the protector always within reach whenever necessity or anxiety of imminent infection require it, and almost at no expense. The old arguments about the homœopathic principle and its infinitesimal doses or high potencies come too late at the end of this century and only show that ignorance which can claim no attention from those who know. The general paternal protection on the part of the vaccinators is hardly in keeping with the acknowledged principles of self-government, and it is to be hoped that the board of education will not continue to make itself the catspaw of an unrelenting school of medicine. Sir Robert Peel, when it was proposed in parliament to render vaccination compulsory, objected, remarking that such a proceeding would be opposed to the mental habits of the British people and to the freedom of opinion in which they rightly gloried; that he would be no party to such an act. *Fiat applicatio!*

The following article appears as an editorial in the *Brooklyn Medical Journal* for February, showing the position held by the other side:

"Varioline" is the most recent freak in the wake of *cerebrine* and other-*ines* that have led the way in the continuous effort of impostors to humbug the public. So far as we are informed, this shade of a shadow was first brought to notice in Brooklyn.

Last October Dr. Alice Campbell issued a certificate to a child who had applied for admission to a public shool, stating

that he had been protected from the infection of small-pox by the varioline treatment. The principal of the school was in doubt as to whether Dr. Campbell's certificate could be considered an equivalent to a certificate of vaccination which every candidate for admission is required to furnish. He accordingly sent the certificate to Secretary Brown, of the Board of Education, to learn if it could be accepted. Mr. Brown forwarded the certificate and Mr. Martin's letter to the Board of Health for an opinion.

Health Commissioner Griffin, after considering the matter, directed Secretary Baker, of the Board of Health, to write the following letter, which was sent to Principal Martin through Secretary Brown:

Mr. George D. A. Martin, Principal Public School No 57:

DEAR SIR: I am directed by the Commissioner to reply to your communication inclosing a certificate from Alice Campbell, M. D., which recites "that Lester Lowerie has been protected from the infection of small-pox by the homœopathic administration of varioline in a highly potential state," and inquiring if such form can be accepted for admission of children to the public schools. Without questioning the merit of the method referred to above, he is of the opinion that it does not conform to the statutory provisions which require that every child should present a certificate of vaccination before being admitted. However, it is a mattor for the Board of Education in the first instance, and their rules regulating attendance are based on that law.

Respectfully yours,

R. C. BAKER, M. D., *Secretary.*

Acting upon the Health Commissioner's opinion, the Board of Education caused a circular to be issued to the school principals directing them to accept no treatment as a substitute for vaccination.

Dr. Campbell is reported in the *Eagle* as having said that she had issued twenty-five certificates to school-children, and that they had all been accepted. When told about the circular issued by the Board of Health she became indignant, and exclaimed:

"Whose schools are they, I should like to know? Do the schools not belong to the people, and have not the people the right to say how they shall be treated? I believe that vaccination is harmful, while with varioline I obtain the most satisfactory results."

Dr. Stuart Close told the reporter that he had given over fifty certificates to school-children, stating that the varioline treatment had been given them, and all of these certificates he declared, were accepted by the school principals.

"Varioline administered homœopathically," said Dr. Close, "complies with the law compelling vaccination if that law be rightly interpreted."

And one B. Fincke, M. D., contributed a column to the *Eagle* (January 8th) on the subject, citing as evidence against vaccination that one of Jenner's children and several other persons he had heard of died of consumption after they had been vaccinated! The *Sanitarian* published an equally pertinent case some time ago of a boy who soon after vaccination fell from a peach-tree and broke his neck!

But Dr. Fincke pursues the subject and says:

"The principle upon which this remedy acts is the same as was intended by the Jennerian vaccination, the similarity of cow-pox to the small-pox. But the difference turns upon the dose, which, in the claim of the Board of Education, is the clear nondescript animal poison inserted in a wound, while with the homœopathic process a few small globules of a high potency (900 centesimal) are placed on the the tongue. The old arguments about the homœopathic principle and its infinitesimal doses or high potencies come too late at the end of this century, and only show that ignorance which can claim no attention from those who know. The general paternal protection on the part of the vaccinators is hardly in keeping with the acknowledged principles of self-government, and it is to be hoped that the board of education will not continue to make itself the cat's-paw of an unrelenting school of medicine."

But it is gratifying to know that the homœopathic physicians, as a body, do not endorse this shadow—that they have disowned it by a resolution, in society assembled.

Moreover, in a communication to the newspapers, Dr. Jerome Walker, Lecturer on Physiology and Hygiene in the Brooklyn High School and the vaccinator employed by the Board of Education, reports having visited, in quest of information, two of the best known homœopathic physicians of this city. They both agree that its use is not homœopathic, as there have been no provings as far as they know upon well people, though it is believed in by some of the extremists in their branch of the medical profession. Personally they are not willing to accept varioline as a substitute for vaccination until there is more proof than has yet been furnished of its efficacy. Referring to its advocate, he said: "It is folly to rail against the Board of Education for insisting upon vaccination, for Section 200, Chapter 664 of the Laws of the State of New York distinctly states: 'No child or person not vaccinated shall be admitted or received into any of the public schools of the State, and the trustees or other officers having the charge, management, or control of such schools shall cause this provision of the law to be enforced. They may adopt a resolu-

tion excluding such children and persons not vaccinated from such school until vaccinated.' "

PHYSICAL CULTURE FOR LADIES.

MRS. H. P. ROUNTREE.

In answer to further inquiries concerning breathing as a means of rejuvenation of the body, I wish to present some exercises, which if properly practiced cannot fail to "repair the waste and promote the growth of the body." In the first place, we cannot have healthy flesh sustained by poisonous blood. Secondly, we cannot have a proper quantity of purified blood in our arteries without good breathing.

By good breathing I mean inhaling the air in a manner that will fill all parts of the lungs so that the oxygen may be utilized.

Now for fifteen minutes of good life giving breathing. Are you properly dressed? Can you use every muscle with the utmost freedom? If so, begin:

First Exercise. Stand firmly in the military position—heels together, toes out, shoulders well back and down, head erect, a one pound dumb bell in each hand—hands with bells resting on the hips—thumbs back, palms down. (Please be careful about this position). Fill the lungs with air through the nostrils, slowly but surely, making no noise with the nostrils, if there must be any sound, let the sound seem to be in the upper part of the lungs. When the lungs are filled with air, twist the upper part of the body half way round to right—looking backward—twisting at the waist line only—hold your breath, twist the body front, and exhale the air through the nostrils as slowly as you can, making no noise with the nostrils—let the noise be in the lungs.

Second Exercise. Military position. Fill the lungs as in the above number, twist the body at the waist line around to the left, of course holding the air in the lungs—twist the body front and *force* the air out through the nostrils—i. e. empty the lungs in about two seconds—remember, no noise in the nostrils.

Third Exercise. Military position. Fill the lungs slowly as above, hold the breath, twist the body at the waist line to the right as far as possible, front, twist to the left as far as

possible, front, drive all the air from the lungs through the nostrils, instantly. Empty the lungs in about one-quarter of a second. In exercise 1, 2 and 3 the mouth must be kept firmly closed.

Fourth Exercise. Military position. Fill the lungs slowly as in number one, bend the body at the waist line, over to the right as far as possible, up, exhale the air from the lungs as slowly as possible in a whispered gape, uttering the word "*awe.*" In this exercise as well as in Nos. 5, 6, 7, 8 and 9 the back part of the mouth must be spread as though you were trying to swallow a hot egg.

Fifth Exercise. Military position. Fill the lungs as in number one, bend the body at the waist line over to the left as far as possible, up, force the air from the lungs, uttering the whispered "*hawe,*" utilizing about two seconds in thoroughly emptying the lungs of air.

Sixth Exercise. Military position. Fill the lungs as in number one, bend the body at the waist line far over to the right, up, bend far over to the left, up, drive all the air from the lungs instantly, uttering the whispered "*hawe.*" The exhalation of the air from the lungs in this number may be called if you wish, a whispered cough.

Seventh Exercise. Military position. Fill the lungs as in number one, bend the body at the waist line as far front as possible, up, exhale the air from the lungs as slowly as possible, vocalizing the word "*awe*" in a round, full, deep resonant tone.

Eighth Exercise. Military position. Fill the lungs as in number one, bend the body at the waist line as far back as you can, up, force all the air from the lungs in about two seconds, vocalizing the word "*awe*" in a kind of a roar or bellow.

Ninth Exercise. Military position. Fill the lungs as in No. 1, bend the body at the waist line, as far front as possible, up, bend as far back as possible, up, drive all the air from the lungs instantly in vocalizing the word "*hawe.*" If you have faithfully followed the above instructions you are now ready for the next exercise.

Tenth Exercise. Military position. Fill the lungs slowly, as in number one, step firmly forward on the right foot, go through the movements of a swimmer with both arms and bells

about five times, recover to military position, exhale the air in a whispered "*pah*" or cough.

Eleventh Exercise. Military position. Fill the lungs as in above number, step forward firmly on the left foot, go through the swimming motions of number ten, recover to military position, exhale all the air from the lungs in a whispered "*pah.*"

Now you may go to your breakfast, dinner or supper, for you will need it *if* you have carefully followed instructions. Just a word of warning: Never take air into the lungs through the mouth while practicing these exercises. Never practice these exercises without first *filling the lungs full* of air and holding the breath until the exercise is complete.

Fifteen minutes of these exercises every morning before you dress and fifteen minutes of the same before you retire at night is sufficient. Now, dear sisters, please try these exercises honestly, just once, and report the result.

HEALTH COMMANDMENTS.

1. Thou shalt have no other food than at meal time.

2. Thou shalt not make unto thee any pies or put into the pastry the likeness of anything that is in the heavens above or in the earth below. Thou shalt not fail to chew it or digest it, for the dyspepsia shall be visited upon the children to the third generation of them that eat pie, and long life and vigor upon those that live prudently and keep the laws of health.

3. Remember thy bread to bake it well, for he will not be kept sound that eateth his bread as dough.

4. Thou shalt not indulge sorrow or borrow anxiety in vain.

5. Six days shalt thou wash and keep thyself clean, and the seventh day thou shalt take a great bath, thou and thy son, thy daughter, and thy maid servant, and the stranger that is within thy gates. For in six days man sweats and gathers filth and bacteria enough for disease; whereupon the Lord has blessed the bath-tub and hallowed it.

6. Remember thy sitting room and bed chamber, to keep them well ventilated, that thy days may be long in the land.

7. Thou shalt not eat hot biscuit.

8. Thou shalt not eat thy meat fried.

9. Thou shalt not swallow thy food unchewed, or highly spiced, or just before work or just after it.

10. Thou shalt not keep late hours in thy neighbor's house, nor with thy neighbor's wife, nor man servant, nor his maid servant, nor his cards, nor his glass, nor with anything that is thy neighbor's.—*Med. Brief.*

COMMENCEMENTS AND RE-UNIONS.

There being so many of the alumni of Hahnemann of Chicago who are readers of the MEDICAL ADVANCE, the following taken from the original manuscript will prove especially interesting to them as well as others:

At a meeting of the Homœopathic Physicians of Chicago held March 10, 1860, agreeably to a general notice contained in the daily papers of the same date, at the Homœopathic Pharmacy, Dr. G. E. Shipman was called to the chair, and Dr. R. Ludlam chosen secretary.

There were present Drs. G. E. Shipman, A. E. Small, J. L. Kellogg, N. F. Cook, G. D. Beebe, A. Pitney, H. K. W. Boardman, E. Rawson, J. Davies, S. Seymour and R. Ludlam.

The chair explained the object of the meeting as designed to discuss the propriety of organizing and nominating a Medical Faculty as initiative to the first course of lectures under a charter for the Hahnemann Medical College granted by the legislature of 1855.

By request of Dr. A. E. Small, the secretary read a copy of the charter for said college.

Dr. Ludlam offered a resolution that, in the sense of this meeting the proper time for organization under the charter relative to a course of medical lectures having arrived, we hereby proceed to the nomination of a faculty to fill the chairs of the said institution. Carried.

Dr. Boardman. Resolved that we have *eight* chairs in the faculty, viz. 1. Institutes and Theory and Practice. 2. Materia Medica and Therapeutics. 3. Physiology and Pathology. 4. Surgery. 5. Anatomy. 6. Chemistry and Toxicology. 7. Obstetrics and Diseases of Women and of Children. 8. Medical Jurisprudence. Carried.

Dr. Cook. That the chair proceed to call the roll of the meeting, and that those gentlemen willing to accept chairs in this

institution shall so signify, each being at liberty to respond as he may feel disposed. Adopted.

The chair called upon each physician present, obtaining an affirmative response from nine, and a negative answer from two of the gentlemen present.

The latter were Drs. S. Seymour and A. Pitney. The former, Dr. Seymour, declined because of ill health.

Dr. Boardman moved the selection by informal ballot from among those who would accept chairs, of a Medical Faculty, the chairs to be taken in the order afore-named.

The ballot for the chair of the Institutes and Theory and Practice resulted as follows, Dr. Small, 6 votes; Dr. Shipman, 2; Kellogg, 1. Dr. Beebe moved to make Dr. Small's nomination to this chair unanimous. Carried.

The ballot for an occupant to the chair of Physiology and Pathology resulted in Dr. Ludlam, 6; Cooke, 2; Shipman, 1. Dr. Cooke moved to make Dr. Ludlam's nomination unanimous. Carried.

The vote for Professor of Materia Medica resulted in Dr. Shipman, 8 votes; and Kellogg, 1. Dr. Davies moved to make the vote unanimous for Dr. Shipman. Carried.

The vote for Professor of Surgery resulted in Dr. Boardman, 7; Davies; 2. Dr. Cooke moved to make unanimous. Carried.

For Professor of Anatomy, Dr. Beebe, 8; Davies, 1. Dr. Ludlam moved to make unanimous. Carried.

For Professor of Chemistry and Toxicology, Dr. Cooke, 6; Dr. Lord, 1; Dr. Kellogg, 2. Dr. Davies moved to nominate Dr. Cooke unanimously. Carried.

For Professor of Obstetrics, etc., Dr. Kellogg, 8; Dr. Davies, 1, Made unanimous.

Dr. Boardman moved the election of Geo. Payson, Esq., Lecturer on Medical Jurisprudence. Carried.

Dr. Small. Resolved that Members of the Faculty be expected to serve the institution during the first year without compensation, and that the lecture fees go into a common fund to defray the necessary expenses of the college. Adopted.

Dr. Beebe, in concurrence with Dr. Rawson, made a tender of the Chicago Homœopathic Medical Dispensary, hitherto under their united charge, to the uses of the college.

Dr. Small moved to accept. Carried.

Dr. Small. Resolved that a committee of three be chosen to select a room for the College Dispensary, and also for the nomination of Clinical Lecturers whose names shall be published as such in the College Announcement. Carried.

Drs. Beebe, Davies and Small were chosen said committee.

Dr. Boardman nominated Dr. A. E. Small as Dean of the Medical Faculty. Elected.

Dr. Kellogg nominated Dr. R. Ludlam to the office of Registrar. Elected.

The chair nominated Edward King, Esq., for treasurer of the College. Elected.

Dr. Boardman moved that fees for a full course of lectures be $70; Matriculation $5; perpetual course $120, exclusive of Matriculation; graduation fee $25; for those students who have attended two full courses in other Medical Colleges, $35; graduates of other Medical Colleges $30. Carried.

The chair suggested the propriety of offering the course free to Thological students upon payment of the Matriculation fee. Dr. Small would second the resolution with the amendment that those students admitted to the lectures in this manner be eligible as candidates for graduation only upon payment of the graduation fee. Carried.

Dr. Kellogg moved to recommend to the Board of Trustees of this college the name of Dr. D. S. Smith as our candidate for president of the Medical Faculty.

On motion adjourned. R. LUDLAM, M. D., Secretary.

The Alumni Association of the Hahnemann Medical College, Philadelphia, requests the pleasure of the company of the Alumni of the College, at its annual re-union and banquet, on Tuesday, May 8, 1894.

The business meeting will convene at 4:30 p. m. in Alumni hall, Hahnemann Medical College, Broad street above Race, Philadelphia, and the banquet will be held at 10 p. m. at "The Stratford," corner of Broad and Walnut streets.

The Trustees and Faculty of the College extend a cordial invitation to all the members of the Alumni and their friends to attend the Forty-sixth Annual Commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, Broad and Locust streets, Philadelphia.

Banquet cards can be secured from any officer of the Association, at $3.50 each. The cards being limited to two hundred, the committee cannot guarantee to furnish any applied for after May 7th, 1894. If you can make arrangements to be present at the banquet, notify the Secretary and he will secure a place for you.

President—I. Tisdale Talbot, M. D., '53, 685 Boylston Street, Boston, Mass. Vice-Presidents—C. S. Middleton, M. D., '62, 1523 Girard Avenue, Philadelphia; Asa S. Couch, M. D.; '57, Fredonia, N. Y.; Wm. J. Hawkes, M. D., '67, Central

Music Hall, Chicago, Ill. Permanent Secretary—Wm. W. Van Baun, M. D., '80, 419 Pine Street, Philadelphia. Provisional Secretary—George W. Smith, M. D., '76, 1320 Walnut Street, Philadelphia. Treasurer—Wm. H. Bigler, M. D., '71, 1524 Arch Street, Philadelphia. Executive committee—one year—Carl V. Visher, M. D., '87, 1429 Poplar Street, Philadelphia; Thomas H. Carmichael, M. D., '86, 4495 Main Street, Germantown, Philadelphia; Edward W. Mercer, M. D., '84, 157 North Fifteenth Street, Philadelphia. Two years—Wm. B. Van Lennep, M. D., '80, 1421 Spruce Street, Philadelphia; Isaac G. Smedley, M. D., '80, 1705 Arch Street, Philadelphia; William R. King, M. D., '81, 1422 K Street, Washington, D. C.; Three years—M. S. Williamson, M. D., '72, 1311 Arch Street, Philadelphia; Wm. H. Keim, M. D., '71, 2015 Ridge Avenue, Philadelphia; Jos. C. Guernsey, M. D., '72, 1923 Chestnut Street, Philadelphia.

The annual reunion of the Alumni Association of Pulte Medical College will be held in Cincinnati, Tuesday, March 27th. Following the time-honored custom the business meeting will be held in the afternoon at 3 o'clock in the College Building. In the evening, after the commencement exercises in the Scottish Rite Cathedral, on Broadway, between Fourth and Fifth streets, the Alumni of Pulte Medical College, the class of '94, the undergraduates, the trustees, and the faculty, will adjourn to the cathedral parlors, where the social features of the annual reunion will take place.

The sixth annual commencement of the KANSAS CITY HOMŒOPATHIC MEDICAL COLLEGE was held on Thursday evening, March 15th, at the Grand Avenue M. E. Church. A delightful program was carried out. The size of the class was not stated.

The second annual commencement of the HERING MEDICAL COLLEGE will be held in the Grand Opera House on the 10th of April at 2 o'clock in the afternoon. The faculty and graduating class will appear in the cap and gown adopted by the College at their first commencement.

The class and alumni reunion and banquet will be held at Hotel Windermere, corner Fifty-sixth street and Cornell avenue at 8 o'clock on the evening of the tenth. All friends of the College are cordially invited to be present at the commencement exercises.

THE

Medical Advance

A HOMŒOPATHIC MAGAZINE.

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MATERIA MEDICA AND THERAPEUTICS.

ACONITE IN DISEASES OF THE EYE, EAR, NOSE AND THROAT.*

BY L. A. L. DAY, M. D.,

Professor of Ophthalmology and Otology, Hering Medical College.

Aconite is especially adapted to persons of dark hair and eyes, and of rigid fiber. The arterial system is dominant; the pulse is rapid, strong, full and hard. All conditions calling for Aconite are sudden in their onset and are very intense, severe, the chill, the congestion, the fever, the burning of the skin, the inflammation, the pains, the neuralgia, the thirst, and so all over the body everything is very pronounced.

Results from fright, anger and chagrin frequently indicate Aconite, especially if recent.

The symptoms of Aconite are frequently present in the first stage of acute inflammation. During the congestive period of many diseases it will frequently check the process before the inflammatory stage can be established.

The action of Aconite ceases when the change of tissue begins. By this time the symptoms call for another remedy as a rule.

The mental symptoms of Aconite are of the greatest importance; fear, restlessness, and anguish, fear of approaching death; in severe cases the patient may predict death. The restlessness and tossing about comes from the mental agony in

*Read before the Materia Medica Club.

a general way and not to the amelioration gained by the motion or change of position. Although there may be cases in which the Aconite patient will experience some relief from the motion or change of position, it is more due to the fact that it relieves the mental and nervous strain.

Aconite is more frequently indicated in the interior countries than on the sea coasts, as the characteristic cause leading so frequently to the use of the remedy is conditions from exposure to cold, dry winds. Exposure to draughts of air causing sudden chilling of the surface of the body is another very frequent cause leading to the use of Aconite, and this is especially true of children.

Aggravations—"in a general way," in the evening, at night, and in a warm room.

Ameliorations—"in a general way," in the open air, while at rest, but the pains may be so severe that the patient can't keep quiet, which would not contra-indicate Aconite.

Eyes—violent congestions and acute inflammations in the early stages, during the dryness and before the exudation.

Conjunctivitis both palpebral and ocular, especially if from foreign bodies "as a cause," or exposure to cold, dry winds, or draughts when overheated. The remedy has an aggravated condition at the inner canthus, with sensation of dryness, burning, chemosis, sensation of sand under lids. Sensitiveness to the air, aggravated from tobacco smoke and cold feeling in open air.

Lids considerably swollen and hard, due generally to the marked congestion, aggravated in the morning, especially in the upper lid which feels long, heavy, and hangs down as if paralyzed, with heat, burning, itching, and smarting of margins of lids.

Balls—twitching pain in eye, aggravated by looking down and around, with heat and burning. Crushing pain; pain as if eye would be pushed out when lids are open—no doubt due to the congestion of the balls or orbits.

Pains extending to supra-orbital region and to the brain; these pains are very severe, causing much anxiety and expression of fear from the patient. Fear that the eye will be lost or as if he cannot endure the pain and it must be stopped. Flashes of light, dim vision, pupil oval and insensible to light.

From these symptoms Aconite should be indicated in acute inflammatory glaucoma for they correspond well to the symptoms accompanying this disease. But in this affection I should look deeper for a constitutional remedy to remove the predisposing cause and thus cure the case. In this morbid condition one must relieve the increased intra-ocular pressure soon or the vision will be lost to a greater or less degree—and generally to the extent of perception of light from darkness.

The pupils—under Aconite are contracted or alternate with dilatation, which is often due to congestion and acute inflammation of the iris, while the pains are of a pressive, shooting character, with burning, dim vision and photophobia. Iris sluggish or immovable with loss of luster and distinctness of pattern of iris from hyperæmia.

The Aconite pains are aggravated at night, especially after getting in bed, therefore, from these symptoms, Aconite may be indicated in the first stage of acute, idopathic, traumatic or rheumatic variety of iritis; and more especially would one think of Aconite if there are at present the peculiar mental symptoms of the remedy given above.

Aconite should be thought of in neuralgias of the eyes, either supra or infra-orbital, when the pains are intense, shooting, pressing; and particularly if in or over the left eye. If brought on by exposure to cold, dry winds and sudden chilling of the surface of the body when over-heated, with the general concomitant symptoms, by all means use it.

Aconite is one of the first remedies to think of in acute inflammation of the eyes and their appendages from traumatism.

Aconite may be indicated in acute inflammation of the external ear, but more frequently of the middle ear; in acute catarrhal inflammation of the middle ear, "commonly called earache," especially if from acute cold in the head; and in acute pharyngitis extending to the ear by the eustachian tube; all the symptoms being produced by exposure to cold, dry winds or drafts of air, which are very apt to cause in some individuals a sudden chilling of the body. The pains are very severe, deep in the ear, with a stopped feeling, so common; pains are intense, of a tearing, shooting, stitching, darting character, accompanied by roaring, humming, hissing, ringing

in the ears. The hearing may be impaired, but a more characteristic condition is great sensitiveness of the sense of hearing to all noise.

Therefore, if a child awakens at midnight crying with earache, the pains insupportable, constantly tossing about—can't keep still, and nothing ameliorates—all due to the causes given above, and accompanied by fever, dry, hot skin, great thirst, face red and pale alternately, or one cheek red and the other pale, with the concomitants, Aconite would be the proper remedy.

The sense of smell is very acute, especially for bad odors. Epistaxis profuse, of bright red, hot blood. If severe enough to frighten the patient, and especially in plethoric persons, Aconite is indicated. Also in acute catarrhal inflammation of the nasal mucous membrane. Dryness, tingling and obstruction of the nasal passages, with frequent, violent sneezing, indicates it; also when the congestion or inflammation attacks the ethmoid cells and frontal sinuses, characterized by stupefying pressure at the root of the nose, and fullness in the region of the frontal sinuses. In very marked cases of this variety the condition would be preceded by chills, followed by fever—an excellent indication for Aconite.

In acute coryza there would be much sneezing and burning and tingling of the mucous membrane. The best time for Aconite is just as soon as the patient realizes that he has taken cold. If given at this time the condition is often cut short and does not extend beyond congestion. Unfortunately, however, this stage is frequently past before the patient consults the physician.

There is an acute fluent coryza beginning with a violent chill, followed by a profuse hot fluid dropping from the nose, with stuffing in the head and accompanied by violent sneezing, which indicates Aconite.

Symptoms of the pharynx. Acute catarrhal pharyngitis, dryness of the mucous membrane and dark redness from intense congestion, very painful deglutition, drawing pain extending from the side of the pharynx to the ears, which is aggravated by swallowing.

Soreness and rawness; raw, scraped feeling in the posterior

wall of the pharynx with desire to hawk, which is ameliorated by clearing the throat.

Scraping in the throat and soft palate with burning as from peppermint; burning at posterior part of the pharynx with hawking, aggravated by tobacco smoke. Cough from irritation, as if dust or small foreign bodies were in the throat, with desire to swallow and a sense of constriction.

Sticking sensation in a spot aggravated by swallowing or speaking, with a strangling sensation.

Redness of the tonsils, uvula, soft palate and pillars of the fauces, with dryness and burning. Tonsilitis, acute, before exudation, uvula swollen and elongated, mucous membrane much injected, dark red. If with the above symptoms you have concomitants indicating Aconite, the case will be cut short by its administration. The throat symptoms of Aconite are aggravated by walking in the open air, and ameliorated after eating.

Symptoms of the larynx—acute catarrhal laryngitis. Short, dry cough from titillation in the larynx, hoarseness, cough aggravated by tobacco smoke, after drinking, and at night, with the concomitants.

Spasmodic croupy attacks at midnight, coming suddenly; awakens child from sleep, and especially if due to exposure to high, dry winds on the preceding day, indicates Aconite when accompanied by suffocation, fright, restlessness and anxiety. Often the child will grasp at the throat for relief.

It is useful for membraneous croup, inflammatory stage, especially in excitable, nervous and vascular subjects. Burning heat, thirst, short cough, quick and hurried breathing, are prominent symptoms.

The larynx is sensitive to inspired air. Hard, dry cough on coming from the cold air into a warm room; when coughing, the chest feels sore and the larynx raw.

In œdema glottidis Aconite should be the first remedy, not from the diagnosis, but because the symptoms are present. We find not only the great congestion and acute inflammation, but the great difficulty of respiration, the inspiration more difficult than expiration, threatened suffocation, and the mental symptoms of Aconite are generally present and very prominent, with other concomitants.

Every homœopath, and more especially every Hahnemannian should individualize his cases; first, as to the selection of the remedy, and second, as to the proper potency of the remedy best adapted to the case at hand. He should have definite ideas at least satisfactory to his own mind, why he administers a particular potency and not any other.

As Aconite seldom needs repetition in a case, we only have to consider the case as it presents, relative to the first dose. Aconite is a very rapid and short acting remedy. Hahnemann tells us it acts from one-half hour to forty-eight hours. It corresponds to that abnormal condition of the vital force which has appeared suddenly and terminates soon in recovery, or extends to a condition which, judging from the symptoms, indicates another remedy which then corresponds to the totality of the symptoms.

Therefore, in the class of patients in which Aconite as a rule is called for (relative to temperament) the vital force has abundance of reaction or reactive power, the velocity of the morbidly affected vital principle is great, and the remedy should be given in the higher potencies.

A patient advanced in life, who is of an Aconite temperament, and in whom the reactive powers of the vital force are far below par with the symptoms calling for the remedy, should be given the lower potencies.

Should Aconite be called for as an intercurrent remedy "which should only be administered in extreme cases," a lower potency is the proper one, as it will not produce such a profound effect upon the vital force, and the constitutional treatment will not be so interfered with, that is, the reaction from the constitutional remedy.

ASTHMA.

JOHN C. MORGAN, M. D., PHILADELPHIA.

CASE 1—Katie M——, aged 17 years; has asthma severely; has been subject to it for five years, since a "pneumonia" (r. s.) contracted by exposure in the country—wading creeks, going barefoot, &c.

This time, has had it for several days; was obliged to sit forward in chair to breathe. Nose also suddenly became im-

pervious to air, doubtless from congestion of its erectile tissue.

Cough "like the *barking of a big dog;*" *pain and soreness* through *upper chest—front to back.* ℞, *Verbascum*^{200}, in frequent doses. After commencing to take the medicine, at short intervals, coughing was impossible, owing to increase of pain and soreness. Continuing, at longer intervals, it subsided and she rapidly grew better, every way, and was soon well.

When improving, expectoration of *yellow phlegm*—afterwards changing to *white;* both kinds being *thin.*

The *sudden nasal obstruction* in the bronchial attack seems pathologically suggestive. I have long believed that the *erectile tissue* now known to exist about the posterior nares, etc., and subject to sudden swelling, extends downward to a wider field, and that "child-crowing" might thereby be also elucidated. Indeed, I once attempted to verify this by the mirror in a child of 18 months, but found it impracticable. So, now, I include the bronchial mucous membrane in my thought of *erectile tissue*, and especially in asthma—and *Verbascum* as acting thereon.

Some time after this *Lachesis*^{200} complemented the beneficial impressions of the *Verbascum*, being given in repeated doses during several days. The keynote was cough, with great soreness in the left chest.

Case 2—A lad of 16 years, who had been living in a low country, had been subject to asthma all his life. The present occasion succeeded to much *exposure to cold, damp air*, with *exertion*, in hunting, &c. Had been sick several days. The time was afternoon.

He sat with his *head resting on his right hand*, and his *elbow on the arm of his chair; leaning sidewise and forward.* Feeling as if his *abdomen were distended* to *suffocation.* Keeps *shifting his feet.* Wheezing dyspnœa. On auscultation, general thoracic wheezing and squeaking. *Face darkly flushed.*

He was promptly relieved by a few doses of *Rhus tox*^{200}, at short intervals.

Case 3—The same lad, a year later, just taken with a paroxysm, *could not move* on account of dyspnœa. Was advised to retire early, it being evening. Attempting to *remove his*

shirt he was almost suffocated, and he *sat perfectly still* in the chair, *both arms resting*, trying to regain his breath.

℞, *Napthalina*^{2x}, one-half grain, was given, and, after a pause, his clothing was cautiously removed by a friend, and he was placed in bed. He seemed slightly better. At the end of twenty minutes a second powder was given, and soon after he fell asleep, but still wheezing. He grew better, however, as time advanced. When the family were retiring he awoke, feeling much easier. Took a third powder and slept in comfort all night. In the morning was convalescent.

URTICA URENS VERSUS ASCARIDES—A little boy had seat worms; treated allopathically without result. Living in Newark, N. J., his father visited a homœopathic physician, who prescribed *Urtica urens*, in mother-tincture; two doses; one at bedtime on consecutive nights. Result, immediate and permanent cure.

Cina^{200}—I have always cured *Ascarides* with one prescription of *Cina*^{200}—seven powders; giving one every night at bedtime. Also, *Sweet Oil*, one to two teaspoonfuls, *per anum*, using a small hard rubber syringe. The purpose of this is the stoppage of the respiratory foramina of the worms located between the ring segments.

Dr. Samuel Swan communicated to me the following, which I submit impartially:

CASE OF TŒNIA—Coupled with craving for rare and even raw beef. Gnawing in the epigastrism at night. Feeling as if the worm rose to the throat and would suffocate her. ℞, *Carnis bovis* (raw beef, highly attenuated); one dose, daily, three times. The 10,000th attenuation was used.

Gradually there came on a great disgust for beef in any form. All the symptoms subsided and the evidences of tapeworm completely disappeared.

CASE OF ASCARIDES—Symptoms (not stated) were largely relieved by *Lycopodium and Sulphur*, high. Now appeared a peculiar craving for *Oatmeal porridge*; but after eating it the worm symptoms were immediately and always aggravated.

℞, *Avena*, highly potentized. After this *this symptom* was corrected. Further treatment not mentioned; (the case was reported to Dr. Swan by another physician).

Fragaria Vesca—(the strawberry, potentized), is curative to bad effects of the fruit.

I, myself, (J. C. M.), have successfully given it in the 6^{x}, two doses, every second day, until six doses are taken—in *loss of milk* in nursing mothers.

Persica vulgaris, (or Amygdalus persica, the peach: in potency); is an antidote of the ill effects of eating the fruit, &c., &c.

Following out this "isopathic" lead, Dr. Swan "potentized" *ice and snow*, and gave them, with asserted advantage, in cases where morbid cravings for, or ill effects from these, in crude form, were present! *Query.* Does freezing (crystalization) of water indeed create molecular changes capable of Iynamic effects? Who knows?

Saccharum officinale, (white cane sugar, potentized); found curative against cravings, repugnance, &c., toward sugar, candy, etc.

Dr. A. Lippe stated positively that "sugar is a drug"; often curative in scarlatinal dropsy.

It has a place of honor in his Text Book of Materia Medica.

PYROGEN.

H. C. MORROW, M. D., SHERMAN, TEXAS.

Mrs. M——, three weeks after parturition. Chill every day about 11 a. m. Chill commences between the shoulders and extends to the shoulders and backs of the arms. Chilliness aggravated by draft of air. Heat with chilliness if wind strikes her. Aching in back and legs severe during all stages. *Chill preceded by dizziness*, even when sitting. Headache in occiput; extends there from the nape of the neck. Thirst for large quantities of cold water frequently in all stages and apyrexia. Aching in sternum during chill and heat. Bed feels hard at night. Very restless. Pyrogen^{m} (Swan) cured.

I will add that the lochia had not yet ceased, but were thin, watery and very offensive.

Mr. L——. Chill every day about 10 a. m. Chills run up and down back. Thirst before and during chill and fever. Short chill and long lasting fever. Terrible throbbing headache during fever, and face as red as a beet. Fever lasted un-

til in the night, when it went off with profuse perspiration. Very severe aching all over the body—bed and pillow felt very hard. Very restless, rolling and tossing about the bed. Pyrogen^{cm} (Swan) cured the chill and fever, but had to be followed by Rhus F^{cm} to remove effects of sprain in lumbar region produced by lifting. In this case Baptisia was given before the Pyrogen, but did not benefit any. This case shows that Rhus tox. follows Pyrogen well.

OBSTETRICS.

The following cases are noted to illustrate the Hahnemannian doctrine as applied to child bearing.

Mrs. H., aged 24, second pregnancy. During her first pregnancy she was attended by a "scientific prescriber" and confined to her bed nearly the whole period, and was so reduced in strength and vitality that she had no power left to take part in the process of labor—hence instrumental delivery was resorted to, although no reason existed for such procedure, save the want of vital energy. The child died, and the doctor advised her not to try it again. Two and a half years have now elapsed, and we find the history of her former pregnancy repeating itself. The totality of the symptoms calls for Ipecacuanna, which was given in potency, 1^{m} a single dose. In two hours she arose, dressed, and ate a fair meal. She experienced no further inconvenience for about two weeks, when, after eating quite heartily of fried onions, nausea, vomiting and severe distress in the region of the stomach, returned. The same remedy was repeated in potency 10^{m}, which relieved at once, and she remained well until during the sixth month, when a champagne supper again disturbed the even tenor of the vital force, and vomiting continued two days before relief was sought. Ipecac was still her remedy, and the ^{cm} potency was given. There was absolutely no further pathology in the case. Labor was easy because normal, and recovery rapid.

Case Second—Mrs. C.—Primipera—passed a normal gestation. First stage of labor about three hours and normal. After two hours hard labor in the second stage the use of the forceps was clearly indicated. Traction of one hundred or more pounds force was made a number of times before delivery was accomplished. The bruising and lacerating of the soft

parts was quite extensive, especially about the superior strait. A single dose of Arnica 2^{m} was given. No pain, soreness or lameness followed—a full and complete recovery in two weeks.

The 3^{x} or 6^{x} is better than nothing or quinine, in such cases, but they will not wholly prevent or relieve the lameness and extreme soreness of protracted or instrumental labor, while the medium or higher potencies, when properly administered, leave nothing to be desired

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INTERMITTENT FEVER.

J. A. WHITMAN, M. D., BEAUFORT, S. C.

Too many of our school think that intermittent fever can only be cured with Luin. ine. This is a sad mistake, as the two following cases will show. That it is also wonderful what peculiar remedies will sometimes be called for, is also shown. I think Allen has done more to help us out in this disease than all others put together by his Therapeutics of Intermittent Fever. The big storm we had in August last developed a great deal of this fever, also a species of grip of a peculiar type (almost wholly confined to the respiratory track). I had a man helping me sometime after the storm, who seemed very limp and languid. On inquiry about it he informed me he had the fever every night, which held him until morning. I inquired into his symptoms and found Apis the indicated remedy. I gave a dose of peletts ^{3x}, this on Saturday night; Monday morning when he came he seemed very much pleased to inform me he had a slight chill Saturday night, but none on Sunday night, nor did he have any more for the fall.

The other case was my chore boy, who was all night in the water during the big storm, and was ailing for about a month after off and on, which finally developed into intermittent fever. One night after he quit work I inquired into his case and found Cicuta Verasi the remedy. I gave him a dose of liquid ^{3x}; he informed me next morning the "fever was gone," and it stayed gone.

Now, this last case, I should as soon have thought of "look-

ing for a needle in a hay-stack" as to have looked for this remedy for chills and fever.

These cases merely go to show the wonderful results of our Similia.

DYSMENORRHŒA.

GEORGE J. AUGUR, M. D., OAKLAND, CAL.

Graduate Yale Medical College in 1879.

If you deem the following case of sufficient interest, especially as regards the treatment, you can publish it, for such it seems to me, though I am somewhat of a novice in the practice of homœopathy. My excuse for citing it is that I cannot find the remedy used recommended for Dysmenorrhœa in any of the works on Therapeutics to which I have referred.

The case alluded to is that of a young lady who, at her menstrual periods, suffers most intensely, and while I am not the attending physician, in his absence, my services have been asked for to give relief to agony which to the sufferer seemed almost unendurable. The patient, twenty-six years of age, with dark hair and eyes, of good figure and well nourished, dates her perodic suffering to a horseback ride taken several years ago during the menstrual flow. The premonitory symptoms of these periods are more or less pain or aching in the lower limbs, especially the thighs, accompanied with a chilly sensation, and with the establishment of the flow the pelvic pain commences gaining in severity until it reaches the maximum point, where it remains several hours, the whole period of suffering being about ten hours unless relief is afforded, and during the greater part of this time the patient is restless, the circulation sluggish, face very pale, of an ashy color, hands and feet cold; nausea and vomiting of bilious matter, and free discharge from the bowels. The uterine flow is clotted. The bowels are naturally constipated with a tendency to hemorroids. I could gain no accurate description of the pains stated as being hard to describe. When first called to see this patient the suffering was at its height. All the symptoms were present which I have described. Hot water bags, which at the beginning afford a little comfort, at this stage gave none. Having given one remedy with no relief it occurred to me, reasoning from analogy, that Arnica ought to mitigate the pain in

this case, the analogy based upon an experience with the remedy in a condition following a miscarriage. I therefore gave Arnica^{3x} with what seemed to me, by comparison of the suffering, immediate relief, though the patient stated that it was about fifteen minutes before she was entirely free from pain. At the following period, which was about ten days ago, I was again called to see this patient at about the same stage of suffering; administered the same remedy in the same potency with equally good results. No one but an old school practitioner can imagine my delight in getting such immediate and satisfactory results from small and pleasant dosage. Not long ago I would have given an unpleasant mixture or resorted to the hypodermic syringe, with more discomfort to the patient at the time and afterwards and with less benefit.

PROVING OF CARBOLIC ACID.

Mr. F. W. Bennett, 35, strong, robust and healthy, never sick, was advised to use a weak solution of carbolic acid as a douche for nasal catarrah. He accidentally put a drachm vial of acid in his right hand pocket, forgot it, and went to his office March 6. In the evening when coming home he felt a warm, moist sensation on leg; sponged it with cold water; in the morning a white spot as large as a silver dollar, bluish white in color; applied arnica salve. Smarting and painful sensation on the following day. Third day was very painful; arnica salve< and vasaline was applied which>; became more and more painful and raw; burning pain running down inside of leg; very sensitive to touch. Fifth day pain dropped to right knee, which was lame and stiff like rheumatism, involving entire right leg in moving or walking. Very tired for next five days; walking and attending to business was a burden; weak and perspired profusely; vasaline was applied; extremely painful; feared blood poisoning and consulted a physician, who applied an antiseptic lotion which<. Heat was intense, hands became hot, swollen as if dipped in ————, with intense itching.

April 6—Weak, tired; had a high fever, with pain in all the joints, and on outer edge of burn a small boil intensely painful.

On the night—Cold chills, fever and perspiration; great prostration; was pale and very sick.

April 7—Physician found temperature 103, feet and hands swollen and covered with a scarlet eruption, which was pronounced scarlatina. As the fever declined, profuse perspiration, especially on head and shoulders; no sore throat nor severe fire on tongue. A week later desquom began on hands and feet and continued for two months over entire body.

Boils burning; raw, sore; *cold at night*; intense restlessness and sleeplessness.

Intense pain for days; perspiration so profuse that would wake him from sleep, and when he awoke perspire; then cold, cold chills. Weak and excessively prostrated, yet a good appetite; excessive pain in shoulders and all the joints; intensely < motion; at times> from motion.

June 5—More or less pain in right arm, shoulder and joints ever since. Profuse perspiration in axilla, staining brown; dark bluish patches on skin from au. sup. sp. process to nearly the knee.

To the Medical Advance:

I would like to give some cases, then ask the author of "Is there any Hydrophobia" a question.

In 1880—A boy, two horses, three cows, and several hogs, were bitten by a dog. The horses and cows died in less than a week, all in spasms.

In 1892—A man and several animals were bitten by a dog; all died. The man lived three or four months, then died in spasms.

1892—I was called to see a boy bitten by a dog nearly a month before on the hand. It had been badly lacerated; healed in six or seven days; in a short time scars turned white. When I saw him he was frothing at the mouth, making a noise like a bark, biting and snapping at everyone. When water was brought into his presence and shown him he would have spasms. He was constantly calling for tobacco. I gave him some, which he ate with great relish, and it relieved him for a little while, but later he died in spasms. The scars were blue, almost the color of Indigo.

I am anxious to know what killed all those. I said hydro-

phobia. Since reading the article I am in doubt. Would like to have my doubts removed so that I would not make the same mistake again.

The boy that was bitten in 1880 was brought to me for treatment. I used radiated heat, the same as I used for snake bite, ten or twelve times, with splendid results. He was bitten before any of the animals. I think he would have died if not treated, at least that was my impression then; now I don't know.

HENRY CROSKEY,
Kansas City, Mo.

WHAT SHOULD BE GIVEN HER?

Mrs. S.; age 41; medium size; lax fibre; bilious temperament; sallow; black hair and eyes; married 26 years; no children—one miscarriage. General health poor for last twenty years. Local treatment for female trouble. General condition aggravated by heat. Feels worse from exposure to dampness. Worse in spring and summer. Generally tired, with frequent attacks of exhaustion.

HEAD.

Frequent headaches. Pain begins at base of brain and passes up over the head; sense of fullness at base, also at top of head; feels as if head were bound tight. Sense of pressure combined with heat at base of brain and top of head. Throbbing sensation, feels as if head would burst. These conditions aggravated by stooping, motion and heat; relieved by pressure and cool applications. In bed usually lie with head low.

BACK AND PELVIS.

Pain in back; worse when on feet or walking, but better when standing still. Pain in sacral region; a sort of burning sensation, not relieved by lying or sitting, but relieved by pressure and hot applications. When standing, feels as if she must hold herself up; back seems too weak to support body.

Heavy bearing down sensation in pelvic region; relieved by standing still; same aggravation as pain in back. Prolapsus. Leucorrhœa; thick, bland discharge like white of egg; worse when on feet. Dull, heavy pain in left ovarian region, aggravated by motion, jar and lying down; this pain accompanied with heat, relieved by standing still. Prolapsus at stool.

STOMACH.

Stomach sensitive to touch; worse preceding menstrual period, accompanied with nausea and occasional vomiting. Gnawing, hungry feeling relieved by eating a small amount of food; feel as if must eat often to relieve this condition of the stomach; a faint feeling with this.

BOWELS.

Bowels generally constipated. Stool is generally hard, with a great deal of pain, accompanied with prolapsus. Burning sensation at anus; sometimes lasting for hours, relieved by hot applications and pressure, replacing the prolapsed tissues. Have had hemorrhoids and some bleeding at stool. Itching sensation in the rectum.

FEET.

Frequent cramps in calves of legs, in muscles of feet and toes; worse after going to bed. Feet get so tender and sensitive to pressure that shoes must be removed; cannot bear even the bed clothes to touch them. Have corns, bunions, ingrowing toe-nails; nails are bright and hard.

SKIN.

Skin has a tendency to chap and crack; skin dry all over the body. Have had hives, ring-worm and hang-nails.

What should be given her?

DID AS HE WAS TOLD.—"A bell-boy has been found, says an exchange, "who does not believe in going beyond his literal instructions.

"A guest rushed to the cashier's desk. He had just ten minutes in which to pay his bill, reach the depot, and board his train.

"'Great Scott!' he exclaimed, 'I've forgotten something. Here, boy run up to my room, B 48, and see if I have left my toothbrush and sponge. Hurry! I've only five minutes.'

"The boy hurried. He returned in four minutes, out of breath.

"'Yes, sir,' he panted, 'you left them there.'"

(*Continued from March Number.*)

Sensation as if Press—left eye pressed asunder, then out of orbit—LED.

" Pressed—eyes were pressed in on reading—KALI. C.

" Press—eyes pressed forward—Gymnoc.

" Press—lids and eyes were pressed down—HELL

" Press—weight pressed down into the eyes—PHOS.

" Press—eyes would be pressed down—SUL.

" Press—right eye were pressing out—Zing.

" Press—pin sticking in eyeball if pressed upon —Sinap.

" Particle—a particle in left external canthus—*Ignatia.*

" Pepper—pepper in the eyes—Jam. Euj.

" Protrude—eyes would protrude—FER. MET., HEP.

" Protrude—eyes protruded and she stared at everything—MEDORR.

" Projecting—eyes were projecting—PARIS.

" Pulled—eyes were pulled in head—PARIS.

" Pulled—somebody pulling eyes from within outward—GLON.

" Pulled—something pulled tightly over the eyes —*Phos.*

" Pulled—eyes were pulled outward from the nose—CON.

" Raise—he could not raise upper lid—CAUST.

" Ring—burning ring around each eye—Chloral.

" Room—eyes had no room in orbits—ARS.

" Rotated—eyes were spasmodically rotated—Sec. C.

" Rubbed—eyeballs rubbed against the lids—SUL.

" Pressed—eyeballs were pressed out—Bry. *Iber. Am.*, *Ignatia*, Guarca., PHOS., PSOR., PULS., MEDORR., MERC. C., NUX V., Sabin., SANG., SENEG., SPIG., STRAM., Thuj.

Sensation as if Salt—salt between upper lid and ball—VERAT. ALB.

" Salt—salt in the eyes—CANTH., China., NAT. MUR., NUX V., *Sul.*, VERAT. ALB.

" Sand—grain of sand in outer cauthus of eye—Con.

" Sand—sand had got in eyes on reading—Cina.

" Sand—sand in the eyes, with tears—CHEL.

" Sand—grain of sand under upper lid—CALC. C.

" Sand—sand in the left inner cauthus—Acon.

" Sand—sand rolling around beneath the lids—IGNATIA, *Medorr.*

" Sand—grain of sand in right eye—Sep.

" Sand—sand thrown violently into the eye—*Tereb.*

" Sand—fine sand under the eyelids—*Thuj.*

" Sand—grain of sand in left eye—Zing.

" Sand—sand in the eyes—Apis., Apoc., Can. Sat., CARB. V., CAUST., *Bry.*, DIG., EUPHR., FLUOR. AC., Grat., HEP., KALI. BI., KALI. MUR., KALI. PHOS., Kobalt, SED., *Merc.*, *Op.*, *Petr.*, PHYT., Pic. Ac., PSOR., PULS., Myric., NAT. MUR., Nat. Phos., *Nit. Ac.*, Luna., *Rhus. T.*, *Sil.*, Spig., SUL., *Syph.*, Ust. Ur., *Zinc.*,

" Sieve—looking through a sieve—PULS.

" Soap—soap in the eyes—SENEG.

" Skin—skin before the eyes—Ratanhia.

" Skin—a skin drawn over the eyes—Apis.

" Skin—skin came half way down over right eye—*Caust.*

" Smoke—eyes were filled with smoke—CHINA, Valer.

" Smoke—eyes had been full of smoke—KALI. PHOS.

" Smoke—wood smoke in the eyes—Nat. Ars.

" Smoke—smoke before the eyes—GELS.

" Smoke—biting smoke in the eyes—CROC.

" Smoke—room was filled with smoke—CROC.

Sensation as if Short—eyelids were too short laterally—LAC. DEF.

" Something—something were in the eye<if others speak of it—CALC. PHOS.

" Something—something lay above the eyes, prevented looking up—CARB. AC.

" Something—something in eyes too large—CAUST.

" Something—something under eyelids—Caul.

" Something—something obscured the vision—SIL.

" Something—something floating before eyes obliging to wipe constantly—KREOS.

" Something—something in the eye that could be rubbed out—FLUOR. AC.

" Something—something in left eye feels hot—Lac. Def.

" Sparks—sparks of fire coming from eyes—MERC.

" Splinter—splinter pricking in lower lid—Sep.

" Splinter—splinter in upper lid—*Sil.*

" Squeezed—eyes had been taken out, squeezed and put back again—LACH.

" Squeezed—upper part of eyeballs were squeezed—Chel.

" Squinting—eyes were squinting inward—*Coca.*

" Squinting—she squinted—CALC. C.

" Start—right eye would start from its socket—Mag. Sul.

" Sticking—eyeball was sticking to lid—Sanic.

" Stuck—lid stuck fast to the ball—*Verat.*

" Stick—stick in the eyes—CAUST., Dios., Pic. Ac., KALI. PHOS.

" Stones—eyes full of little stones—LAC. DEF.

" String—little strings holding eyelids together and snapping when opening them—Kobalt.

" String—string pulling eyeball back into head—CROT. HOR.

" String—eyes torn or hanging by a string—Cepa.

Sensation as if Sunken—eyes were sunken—Calc. Sul.
" Swimming—eyes were swimming in tears—Cor. rub.
" Stung—stung in right eye by some insect—Luna.
Substance—large smooth substance in the eyes—Dios.
" Substance—hard substance lying beneath left upper lip—Staph.
" Swelled — eyes swelled and protruded — GUAIAC., Phos.
" Swollen—eyelids were swollen—Croc.
" Swollen—lower lid were swollen—Arum.
" Tears—tears were in one eye—Igt.
" Thread—thread drawn from behind eye to eye—Lach.
" Thread—thread drawn tightly through eye to middle of head—Paris.
" Tight—lids were too tight and did not cover the ball—*Sep.*
" Torn—inner portion of right eyeball would be torn out—Prun.
" Torn—eyes were being torn out—Cocc.
" Torn—eyes had been torn out—Bell.
" Turned—lashes of lower lids turned in—*Tell.*
" Turned—pupils were turned upward—Cainca.
" Twisted—eye was twisted around—*Sang.*
" Vapor—eyes were surrounded by a hot vapor—Bell.
" Veil—objects seen through a veil—Berb., Bufo.
" Veil—veil before the eyes—*Acon.*, Arum., Calc. Phos., Caust., Croc., Hep., Hyos., Iod., Lith. C., Nat. Phos., Petr., Puls., Rhus. T., Stram., Sul., Therid.
" Veil—black veil before right eye—Phos.
" Veil—looking through a gray veil—Phos.
" Warts—surface of eyeball studded with warts—Euph.
" Water—hot water in the eye—Nux V.

Sensation as if Water—warm water flowing over and from the eyes—NIT. AC.

" Water—eyes were swimming in cold water—Squill.

" Water—objects seen through turbid water—AGAR., STRAM.

" Weight—heavy weight rested on the eyes—CARB. V.

" Weight—weight above the eyes—Cist.

" Weight—weight behind right orbit—*Rhus.*

" Wind—cool wind blowing across the eyes—CROC.

" Wind—cold wind blowing under the eyelids—FLUOR. AC.

" Wind—cold wind blowing in eyes, especially inner cauthus—MEDOR.

" Wind—right eye was gone and wind blew out of socket—*Sep.*

" Wind—eyes were gone and wind blew out of sockets—*Sulph.*

EARS.

" Air—air penetrated Eustachian tube—GRAPH.

" Air—air was pouring into ear or tympanum exposed—MEZ., Staph.

" Air—cold air passing out of ear—Millef.

" Air—air whistled through left Eustachian tube—Tell.

" Artery—large artery throbbing behind the ears—Angus.

" Body—foreign body in Eustachian tube—NUX M.

" Body—foreign body lodged in ears—*Phos.*

" Body—thick body being forcibly driven into the ear—*Puls.*

" Blood—blood rushed to right ear—Lyss.

" Blood—hot blood rushed into ear—LYC.

" Burst—ears would burst on sneezing—PULS.

" Closed—ears were closed or plugged with some foreign substance—ASAR.

Sensation as if Closed—ears closed from within—LACH.
" Closed—ears were closed—Tabac.
" Connected—ear and throat were connected—Am. mur.
" Cotton—cotton or plug were in the ear—Anac.
" Cotton—cotton were in the ear—CYCL.
" Drawn—left ear would be drawn inward—*Verbas.*
" Fallen—something had fallen before the ear—*Verbas.*
" Fleas—fleas jumping about in the ear—Zinc.
" Fly—fly enclosed in auditory meatus—ELAPS.
" Humor—a humor were flowing from the ear—Sil.
" Heard—he heard with ears not his own—Psor.
" Knife—a dull knife pressing in ear interiorly and superiorly—Lyss.
" Knife—knife stabbing in ears—Viburn.
" Leaflet—leaflet lying before tympanum—Ant. Crd.
" Leaf—leaf lying before the ear—SULPH. AC.
" Membrane—membrane of ear would be forced out at each heart beat—Amyl. N.
" Mist—thick mist in front of ears—Spig.
" Moved—something moved in ear on swallowing—NAT. C.
" Muffled—right ear muffled by an obstruction within—Cheno.
" Needle—a cold needle stitching in internal ear —Agar.
" Obstructed—ears were obstructed—CAUST.
" Opened—ears opened and closed—Borax.
" Parchment—parchment drawn over ear on which she was lying—Medorr.
" Pierced—sharp pointed instrument piercing outward in the ear—Berb.
" Pinned—ear was pinned to head—Viburn.
" Plug—plug pressing in ear—SPIG.
" Plug—right ear suddenly stopped by a plug—Soab.

Sensation as if Pressing—some one was quickly pressing on tympanum with a blunt instrument at intervals—Carb. Sul.

" Pressed—ear was pressed together—Dras.

" Pressed—ears were pressed outward—NUX V.

" Screw—creaking from a wooden screw in ears —Agar.

" Skin—skin were drawn over the ears—Bell.

" Skin—skin were stretched before the ears—GRAPH.

" Skin—skin were stretched over right external ear—Asar.

" Something—something suddenly closed the ear—Tell., *Verbas.*

" Something—something crawling out of ear—PULS.

" Something—something was passing from left ear to throat—Salic. Ac.

" Something—something was forcing its way out of ear—NAT. SUL.

" Something—something were lying before the ears—MAG. MUR.

" Something—something trying to force out of ear—CAUST.

" Something—something heavy lay before the ear—CARB. VEG.

" Something—something lay in front of membrana tympanix—CALC. C.

" Something—something lay before ear on blowing nose—Alum.

" Standing—standing near the stove—in the ears—MANG.

" Sticking—something sticking in ear—Anac.

" Sound—sound came through forehead and brain—Sul.

" Sound—sound came from a distance—Caps., *Lac. Can.*

" Sound—sounds came from another world—CARB. AN.

Sensation as if Stopped—ears were stopped—Ars., Cham., Glon., Millef, PULS., Symph.

" Stopped—ears were suddenly stopped up—Dios.

" Stopped—ears stopped up—Colch.

" Stuck—something stuck behind right ear and pressed it forward on stroking hair on occiput—Ars. S. fl.

" Stuffed—ears were stuffed during full moon—Graph.

" Stuffed—ears stuffed up—Lach., Spig.

" Stuffed—right ear were stuffed up—Merc.

" Swollen—all parts around ear were swollen—Form R.

" Torn—ears were being torn from their location—Eryng.

" Torn—ear was torn out—Paris.

" Tube—a tube went through head from ear to ear—Medorr.

" Voice—her own voice sounded like some one else speaking—Can. Sat.

" Water—water was in right ear—comes and disappears suddenly—Chrom. ac.

" Water—warm water flowing in a circle around right ear—Calad.

" Water—hot water running out of right ear—Cham.

" Water—left ear filled with water—*Graph.*

" Water—water were rushing into ears—Rhod.

" Water—water swashing in the ears—Sul.

" Wedge—wedge driven in left ear—Merc.

" Wedge—ears were forced suddenly apart by a wedge—Paris.

" Wide—ears were wide and hollow inside—Aur. Mur.

" Wind—wind rushing out of ears—Stram.

" Wind—cold wind in the ears—Vinc. m.

" Wood—someone digging about with blunt piece of wood in the ear—Ruta.

" Worm—worm in the ear—Rhod.

Sensation as if Worm—worm crawling in right ear—Medorr.

NOSE.

" Air—air pressing through pasterior nares with violence—Mag. Sul.

" Beaten—tip of nose had been beaten and blood pressed out—Viol. od.

" Burned—breath burned the nostrils—Ptel.

" Burst—nose would burst—KALI BI.

" Burst—right wing of nose would burst—Asar.

" Crawling—something crawling in cavity of nose—Aur. mur.

" Electric—fine electric sparks in left wing of nose—Carb. Ac.

" Enlarged—posterior nares and upper part of œsaphogus enlarged—Elat.

" Enlarging—nose was enlarging and obstructing vision—Can. Sat.

" Expanded—nasal passages expanded upon walking out—Carb. Ac.

" Feather—nostrils tickled with a stiff feather—*Phyt.*

" Fire—ulcers in nose and mouth were on fire—*Syph.*

" Fluid—Acrid fluid running through posterior nares and over palate—KALI. BI.

" Hair—hair high up in left nostril—KALI. BI.

" Hair—back of nose gently touched by hairs—*Spig.*

" Hair—hair tickling in right nostril—*Hydras.*

" Heavy—nose was too heavy—KALI. BI.

" Hot—expired air felt hot—KALI. BI.

" Leaf—fine leaf lay before posterior nares—BAR. C.

" Leaf—leaflet was at root of nose obstructing smell—*Kali Iod.*

" Mucous—dry mucous entirely filled the nose—AGAR.

Sensation as if Mucous—quantity of mucous lodged in posterior nares—Lact. Ac.
" Needle—needle pricking point of nose—SABS.
" Onions—odor of onions or smoke—Cor. Rub.
" Open—alæ of nose were spread wide open—IOD.
" Parchment—nostrils were made of parchment—KALI. BI.
" Pepper—red pepper were throughout nostrils and air passages—*Seneg.*
" Pepper—nose was full of pepper—Cenchsis Contortrix.
" Pinching—pinching nostrils together—Lachn.
" Plug—plug in the nose—Psor.
" Pressed—root of nose would be pressed into head—ZINC.
" Pressed—nasal bones were pressed asunder—COR. RUB.
" Pressed—blunt point pressing on root of nose—Can. Sat.
" Rubbed—two bones were rubbed against each other in right side of nose when blowing it—KALI. BI.
" Smoke—she smelled pine smoke—BAR. C.
" Snuff—fine snuff in the nose—PULS.
" Spectacles—had on heavy spectacles—CINNAB.
" Splinter—splinter sticking in the nose—NIT. AC.
" Substance—hard substance in nose—KALI. BI.
" Touched—touched by cold metalic body on small spot over root of nose—CINNAB.
" Water—water had pressed through posterior nares while drinking—Bapt.
" Water—scalding water rushed along nasal passage of left side on inspiration; right side stopped up—GELS.
" Water—acrid water flowed from nose—NAT. MUR.
" Wind—gentle wind blowing across the nose—*Spig.*

Sensation as if Weight—weight hanging from nose—KALI. BI.
" Worm—small worm in nostril—NAT. MUR.

FACE AND LIPS.

" Air—warm air streaming on left side of face —Ass. Met.
" Air—cheeks were bulged out by a bubble of air just below the malor banes—Sinap.
" Bitten—she had been bitten in left side of face near mouth—Lyss.
" Blood—blood would press out of upper lip—Illic. au.
" Bored—hole was being bored in left lower jaw near mental foreman—MEZ.
" Burned—skin of left side of face had been burned by the sun—LACH.
" Burst—cheeks would burst—Bov.
" Candle—lighted candle held near left cheek—Kali. Phos.
" Cloud—cloud over upper part of face—Nitr. Spr. dulc.
" Coals—coals glowing in small spots on face and hands—Caust.
" Cobwebs—cobwebs lay on right side of face by mouth—Bov.
" Cobwebs—cobwebs tickling below nose on the face—Brom.
" Cobwebs—cobwebs here and there on face, or fly crawling—Calad.
" Cobwebs—cobwebs or white of egg dried on face, temple and scalp—BAR. C.
" Cobwebs — cobwebs on face constantly — GRAPH.
" Contracted—jaws were contracted—CAUST.
" Contusion—lips had received a contusion—*Apis.*
" Crawling—something crawling on under lip—Bov.
" Crawling—flies crawling over left side of face —Gymn.

Sensation as if Crawling—something crawling over the face—Lachn.

" Crawling—flies and spiders crawling over face —LAUR.

" Crawling — something crawling on chin — Stram.

" Crawling—fly crawling on left cheek—Cinch. Cont.

" Creeping—insects creeping in face—CROT. TIG.

" Crushed—jaw were crushed—IGT.

" Cut—cut had been made around eyes—Crot. Hor.

" Disarticulated—jaw-bone was disarticulated—ROB.

" Drawn—lower jaw were drawn backward—Bell.

" Drawn—nerves of face were drawn tighter and tighter and suddenly let loose—PULS.

" Drops—cold drops were spurted on face on going into open air—Berb.

" Egg—white of egg dried on face—ALUM., BAR. C., MAG. C., Phos. Ac., SUL. AC.

" Feather—feather tickling on various parts of face—Aur. Mur.

" Glue—glue had dried on forehead—Alum.

" Glue—lips were glued together—CAN. IND.

" Hole—hole in bone of face—Stram.

" Hot—hot plate of iron nearly in contact with face—NUX V.

" Hot—hot iron thrust through ramifications of 5th pair of nerves—ARSEN.

" Insects—minute insects on hairs on chin and neck—CHLORAL.

" Ice—he had moustaches of ice—LACH.

" Larger—left cheek were larger—*Arg*,

" Long—chin were too long—Glon.

" Mosquitoes—bitten by mosquitoes on face—Carb. Ac.

" Nails—nails driven into jaws—PHOS.

Sensation as if Needles—needles stitching and jerking in the face—Zinc.

" Needles—muscles of left side of face from forehead to neck and axilla were pierced with red hot needles—*Spig.*

" Needles—red hot needles pricking in swollen upper lip—Ars.

" Needles—needles pricking chin—Agar.

" Nettles—from nettles burning on face—CHEL.

" Off—flesh was off the bones of face and edges separated and sticking out—LAC. DEF.

" Pepper—red pepper on spot size of silver quarter on left molar bone—Culex. M.

" Pins—pins or needles pricking skin on forehead, neck and arms—CEPA.

" Pinched—skin of cheek and chin were pinched —Sulph. Ac.

" Pressing—one was violently pressing on left malar bone as far as ear—VERBAS.

" Raised—muscles of face would be raised from periosteum—Arg.

" Rent—bones of nose and face were being rent asunder—COLCH.

" Scalded—cheek bones were scalded—Bell.

" Scalded—lips were scalded—Sabad.

" Sawed—bones of face were sawed through—*Stram.*

" Scorched—left side of face had been scorched —*Spig.*

" Screws—malar bones, mastoid processes and chin between screws—*Plat.*

" Spiderwebs—spiderwebs on face—Brom.

" Spiderwebs—face covered with spiderwebs—RAN. SC.

" Splinter—needle or splinter stitching in lips—Bov.

" Splinter—splinter were run into right lower jaw—Agar.

" Stretched—skin stretched tightly over bones of face and immovable—Ars. Met.

Sensation as if String—face drawn toward root of nose, then toward occiput as if by a string—Paris.
" Swollen—face swollen and bloated—FER. MET.
" Swollen—malar bones were swollen—Nat. ars.
" Swollen—lower lip were swollen—GLON.
" Swollen—head and face were swollen—with coryza—Ars. Met.
" Swollen—gums and cheek swollen—with tooth-ache—DIAD.
" Swollen—face were swollen—Aeth.
" Swollen—right cheek bone were swollen—CHEL.
" Tension—tension were made on nerves and skin of face and suddenly relaxed—COLOC.
" Thick—skin about eyes was thick—Paris.
" Tight—skin on face too tight—PHOS.
" Tongs—face crushed with tongs—VERBAS.
" Torn—lower jaw and malar bone would be torn out—Sul.
" Torn—right side of lower jaw would be torn out of joint—Spig.
" Torn—left side of face being torn from right side—COLOC.
" Triangle—triangle in face, malar bones base, apex at vertex—Isrid.
" Wires—wires twanging in left side face and neck—Kali. Bi.
" Wood—upper lip were made of wood—EUPHR.

MOUTH, TEETH AND TONGUE.

" Air—collection of air had formed on gums when pressing—Daph.
" Air—tooth filled with air to bursting—LYSS.
" Air—cold air touched the teeth on inspiration—Cedr.
" Air—cold air passing over the tongue—Acon.
" Air—nerve in hollow tooth exposed to air—BRY.
" Air—back teeth were hollow and air forced into them—Coc., Sep.

Sensation as if Air—too much air were passing into mouth—Therid.

" Alive—something alive in the teeth—*Syph.*

" Bent—teeth became bent on chewing and were soft—Cochl.

" Blister—blisters on side of tongue—Bar. C.

" Blood—blood would crawl into teeth—CAUST.

" Blood—blood were forced into teeth—CHINA., HYOS.

" Blood—blood was entering tooth—HEPAR.

" Bitten—teeth were bitten out—Arn.

" Body—foreign body were in tooth—CAUST.

" Body—foreign body in left side of throat at root of tongue—Cedr.

" Body—some tenaceous body lodged between teeth—COR. R.

" Burned—tongue had been burned—Ambr., Am. Br., ARS., Mag. Mur., *Pod.*, *Prun.*

" Burned—left side of roof of mouth were burned—Calc. Sul.

" Burned—middle of tongue had been burned—PULS.

" Burned—tongue, palate and anterior gums were burned—CIC. V.

" Burst—tooth would burst—Sabin.

" Close—teeth were too close to one another—COR. R.

" Cold—teeth were cold—NIT. AC., SPIG.

" Coldness—coldness rushed out of molars—Ratan.

" Crack—mouth would crack—*Arum.*

" Crushed—teeth crushed into fragments—IGT.

" Crushed—nerves of tooth shattered and crushed—IGT.

" Dried—hard palate were completely dried up Viol. od.

" Elongated—teeth were elongated—Bell., Caul., GLON., Plant. M., Ptel., Nicc., NIT. AC., Stann.

Sensation as if Elongated—teeth were elongated and dull—Caps.

" Elongated—incisors were elongated—Gamb.

" Elongated—upper incisors were elongated—Palad., Ratan.

" Elongated—molars were elongated—Ratan.

" Edge—teeth were on edge—Bell., Cor. R., Lyss., Tarax.

" Fall—all the teeth in lower jaw were going to fall out—Tarent.

" Fall—teeth would fall out—Nit. Ac., Stram.

" Fat—palate were covered with fat—Card. Mar.

" Fire—ulcers in mouth and nose were on fire—*Syph.*

" Fire—mouth and fauces were on fire—Iris.

" Fluid—acrid fluid running through posterior nares over palate—Kali. Bi.

" Full—teeth were too full—Chlorum.

" Galvanic—from galvanic shock in mouth—Cedr.

" Glued—teeth were glued together—Psor.

" Grain—beard of grain sticking in velum palate Coloc.

" Grease—mouth lined with rancid grease—Euphor.

" Greasy—tongue and gums were greasy—Iris.

" Hair—hair extended from tip of tongue to trachea—Sil.

" Hair—hair on tongue, with drawing in teeth—All. Sat.

" Hair—hair on tip of tongue—Nat. Phos.

" Hair—hair on tongue—Nat. Mur.

" Hair—hair on back part of tongue and velum—Kali. Bi.

" Held—teeth were held in a grip—Nux M.

" Hollow—teeth on left side were hollow—Asar.

" Hot—hot breath came from mouth and heated neighboring parts—Sabad.

" Hot—hot iron boring in teeth—Sul.

Sensation as if Kreosote—mouth were burned with kreosote—Calad.

" Large—teeth too large and too long—SIL.

" Leather—tongue covered with leather—NUX M.

" Leather—soft palate were dry leather—STICTA.

" Lead—teeth were filled with lead—Verat. Alb.

" Lifted—teeth were being lifted—Spong.

" Lifted—tooth being lifted out of socket—MEZ.

" Long—decayed teeth too long—CLEM.

" Long—right eye tooth was too long—MEZ.

" Long—palate was too long—*Hyos.*

" Long—hollow tooth was too long—HEP., LACH.

" Long—front teeth were too long—Lyc.

" Long—painful teeth were too long—Chrom. Ac.

" Long—teeth too long—Agar., ALUM., Berb., Borax., Aur. Met., COLCH., MAG. C., RHUS. T., *Spig.*, SUL., ZINC.

" Long—back teeth were too long—Cepa.

" Loose—teeth were dull and loose—Spong.

" Loose—molar teeth on right side were loose—Comocl.

" Loose—teeth were loose during mastication—Ars. s. fl., CAN., HYOS.

" Loose—teeth were loose and would fall out—ARS., *Psor.*

" Loose—teeth were loose—Glon., MERC., RHUS T.; SUL., ZINC.

" Meat—shreds of meat between the teeth—Caust.

" Mucous—roof of mouth covered with tenaceous mucous—*Puls.*

" Needles—tongue pierced by needles—*Nux V.*

" Nerve—bare nerve were touched in teeth—Dios.

" Numb—teeth were numb and loose—Lith C.

Sensation as if Out—teeth were forced out of socket—Arn., Puls.

" Out—teeth were wrenched out—Nux V.

" Out—teeth would be forced out of her head—Bell.

" Out—tooth was drawing out of socket—Comocl.

" Pap—teeth were fixed in a mass of pap—Merc.

" Peeled—mucous membrane of roof of mouth was peeled off—Lach.

" Pepper—he had eaten pepper—Coca.

" Pepper—pepper burning in the whole mouth—Mez.

" Peppermint—he had eaten peppermint lozenges—Camph., Lyss., Verat. A.

" Pieces—right upper molar would fly to pieces on biting the teeth together—Cinnab.

" Pins—pins pricking in the mouth—*Spig.*

" Pins—thousand pins pricking tongue—Carb. Ac.

" Place—teeth had all got out of place—Syph.

" Pressed—molar teeth pressed together with pinchers—Cina.

" Pulled—teeth would be pulled out—*Zinc.*

" Pulled—an upper and lower tooth were being gently pulled—Chim. Um.

" Puckered—base of tongue slightly puckered—Calc. Sul.

" Raw—surface of tongue was raw—Cist.

" Raised—tooth would be raised—*Prun.*

" Sand—sand in the mouth—Bovis.

" Saliva—tongue was enveloped in saliva—

" Scalded—gums were scalded — Ars. Met., Merc. Cor.

" Scalded—edge of tongue had been scalded—Puls.

" Scalded—mouth and throat had been scalded—Rhus. Ven.

Sensation as if Scalded—mouth and tongue were scalded—Sepia.

" Scalded—tongue was scalded—BAPT., PHYT., PLAT., *Lac. Fel.*, *Verat. V.*

" Scraped—tongue had been scraped—Bap., Samb.

" Screwed — teeth being screwed together—EUPHOR., Stront. C.

" Soft—right molars were soft and too large—CINNAB.

" Soft—teeth were soft and spongy—NIT. AC.

" Something—something got into tooth—KALI. C.

" Something—something had gotten jammed between the teeth—Spong.

" Something—something under root of tongue pressing it up—Ustil.

" Sore—mouth was sore and thick—Lachn.

" Sound—every sound penetrated the teeth—THERID.

" Stretched—nerves stretched or compressed—lower teeth—COLOC.

" String—string pulling tongue toward or hyoid bone—CASTOR.

" Swelling—gums were swelling about some of back teeth—CHAM.

" Swollen—alveoli were distended and swollen—CHAM.

" Swollen—tongue was swollen—CIMEX., CAJIPUT.

" Swollen—mouth swollen—Am. C.

" Swollen—gums and cheeks swollen—with toothache—DIAD.

" Swollen—roof of mouth swollen and cavity closing up—GELS.

" Thin—teeth were very thin—Sanic.

" Thread—thread of mucous on tongue—Cereus. Bon.

" Tied—tongue bound or tied up—LACH.

Sensation as if Tied—tongue and throat were all tied up—Crot. Hor.

" Torn—teeth were being torn out—RHUS. T.

" Torn—tongue were to be torn out—*Puls.*

" Torn—left lower back tooth would be torn out—*Prun.*

" Torn—tooth would be torn out—*Euphorb.*

" Torn—tooth would be torn out by a hook—Coc. Sep.

" Torn—roots of teeth would be torn out—*Calc. C.*

" Ulcerated—gums were ulcerated—Bell.

" Ulcerated—ulcer at root of teeth—Am. C.

" Vesicle—vesicle were on tongue—Bell.

" Vibrating—teeth were resting on vibrating board—Phys.

" Water—cold water penetrated the teeth—Staph.

" Wire—hot wire thrust through ramifications of fifth pair of nerves—ARS.

" Wobbling—teeth were wobbling—Arn.

" Wood—tongue were made of wood—Apis.

" Wood—hard palate made of wood—MEZ.

" Worm—worm crawling at root of tongue—KALI. IOD.

FAUCES, THROAT AND ŒSOPHAGUS.

" Air—air passed into glands of neck on breathing—SPONG.

" Air—hot air passing up right side of throat although the stomach feels cold—Am. Br.

" Bacon—a piece of bacon in the throat—NUX M.

" Ball—ball or lump were in the throat—CEPA. Paris.

" Ball—ball were rising in the throat—ASAF. KALM., PHYS.

" Ball—a ball of mucous had lodged in the the throat—*Ars.*

Sensation as if Ball—ball were up into throat, spasmodic constriction of the œsophagus—ARS.

" Ball—ball rising from stomach to throat by eructations—MAG. M.

" Ball— ball rose from stomach into throat—LYC., *Lyss.*, SENECIS:

" Ball—large ball rising from lower end of sternum to upper end of œsophagus—*Lac. Def.*

" Ball—she could take hold of ball in throat with fingers—*Lac. Can.*

" Ball—hard ball rising in the throat—Sul.

" Ball—red hot ball lodged in the throat—PHYT.

" Ball—ball rising into œsophagus—VERAT. VIR.

" Bar—a bar across back part of throat—LAC. CAN.

" Body—foreign body in throat—Rhus. R.

" Body—foreign body rising in throat—Chel.

" Body—foreign body in left side of throat at root of tongue—Cedr.

" Body—foreign body in œsophagus—Bell., *Sabad.*

" Body—a round body ascending from stomach —CON.

" Body—a body lodged in throat—APIS.

" Body—hard body lodged in back part of throat—LYC.

" Body—half fluid body rising in throat—SPIG.

" Bone—swallowing over a bone with a rolling around—IGT.

" Bound—throat and chest bound together—ARS.

" Bound—muscles of throat and neck were bound—stiffness—CAUST.

" Bunch—a bunch in left side of throat shifts to right side on swallowing—Xanth.

" Burnt—a burnt spot in pharynx—MERC.

" Cavern—throat was a cavern—*Phyt.*

" Closing—throat were closing—*Lac. Can.*

" Constricted—œsophagus was constricted from above down to the stomach—BAPT.

Sensation as if Constricted—throat were constricted—CROT. HOR.

" Constriction—food could not pass for constriction of the throat—ALUM.

" Contracted—throat was contracted on swallowing—ARG. N., CALC. C., CAP. M.

" Contracted—œsophagus contracted from below upward—LOB.

" Closed—throat and larynx were closed—Tarax.

" Crack—membrane of throat would crack—SANG.

" Crack—pharynx would crack—MYRIC.

" Cotton—cotton in the throat—PHOS.

" Crumb—small crumb lodged in the throat—SACH.

" Crumb—Crumb of bread in pharynx—*Dros.*, Sanic.

" Crumb—crumb or hair lodged in throat—Cocc. C., Pal.

" Corkscrew—food turned like a corkscrew while swallowing—Elaps.

" Cramped—œsophagus were being cramped—Pyrog.

" Core—apple core sticking in throat—MERC.

" Digging—something digging in throat from before back—ARS.

" Down—food would not go down—*Graph.*

" Down—down in throat causing cough—PHOS. AC.

" Distended—pharynx was distended—*Verat. Alb.*

" Drawn—œsophagus were being drawn up from stomach toward the throat—ASAF.

" Dried—throat were dried with blotting paper—CARB. VEG.

" Dry—dry spot in throat—Crot. Hor.

" Dust—dust in throat causing cough—AM. C.

" Dust—dust in throat trachea and behind sternum—Chel.

Sensation as if Dust—dust in throat—IGT., *Alb. Varet.*
" Dust—throat filled with dust—Iber. Am.
" Electric—electric shock went from mouth straight down to feet—Nux M.
" Enlarged—throat was enlarged—Xanth.
" Enlarged—throat enlarged and a burning cavern—IRIS.
" Enlarged—both tonsils were enlarged—Iber. Am.
" Enlarged—upper part of œsophagus and posterior nares enlarged—Elat.
" Expanded—throat and abdomen expanded—Hyper.
" Feather—feather tickling in the throat—CALC. C.
" Feather—feather or down in the throat—*Am. C.*, Cina., IOD.
" File—file scratching in the throat—NIT. AC.
" Filled—stomach and œsophagus filled with food—Arg. Nit.
" Filled—food filled him up to the top—Graph.
" Fire—throat were on fire—CANTH.
" Fire—mouth and fauces on fire—IRIS.
" Fishbone—fishbone in pharynx, if he gets cold—KALI. C.
" Fishbone—large fishbone in throat when swallowing—APIS.
" Fishbone—fishbone sticking in throat—HEP., LACH.
" Flatus—œsophagus would be rent by force of rising flatus—COCA.
" Fluid—œsophagus full of rancid fluid—Crot. Hor.
" Fluid—throat scalded by hot fluid—LAC. CAN., *Psor.*
" Flame—flame rushing out of throat and stomach—Euphor.
" Forced—throat and larynx were forced asunder—Kali. Ars.

Sensation as if Goiter—she had a large goiter which she couldn't see over—Zinc.

" Grown—throat had grown together internally —Cic.

" Hair—hair had lodged in the throat—Calc. Sul., *Ars.*, Sul.

" Heart—heart was ascending to throat—Pod.

" Hoop—hoop around throat, one around chest, and one around diaphragm—Cact. Gr.

" Husk—husk of grain in throat—*Kali. Phos.*

" Ice—piece of ice had been held in the throat—Sanic.

" Knife—knife cutting in throat—Merc. Cor., Stann.

" Large—throat was very large when swallowing —Pulex. Irrit.

" Large—throat was too large—Sanic.

" Leather—throat was lined with wash leather—Kali. Bi.

" Lodged—food lodged over orifice of stomach Igt., Puls.

" Lodged—mucous had lodged in the throat—Hyos.

" Lodged—morsel of food had lodged in the œsophagus—Bar. C.

" Lodged—piece of bone lodged in upper œsophagus—Carb. Sul.

" Lodged—lump were lodged inside of the throat —Berb.

" Lodged—something lodged in upper part of œsophagus—Erig.

" Lodged—food were lodged in chest—Am. Mur.

" Lodged—something rough lodged in the fauces —Arn.

" Lodged—food were lodged in throat—Arg. Nit.

" Lodged—something had lodged in fauces—Ham.

Sensation as if Lodged—all food eaten lodged at upper end of sternum—Lact. Ac.

" Lodged—something lodged in throat—Arn. C., CON., *Kali. Iod.*, NAT. ARS.

" Lump—choking lump in throat—suddenly—Dalich.

" Lump—lump in left side of throat below tonsil FER. MET.

" Lump—painful lump in the œsophagus—GELS.

" Lump—food passed over a lump in the throat—GRAPH., MERC.

" Lump—lump rose up to meet the food—LOB.

" Lump—throat filled with a lump—LACH.

" Lump—lump like a button in the throat pit—LACH.

" Lump—lump in upper part of throat—Dulc.

" Lump—lump moving up and down during eructation—Bar. C.

" Lump—lump were in throat or food lodged there—CAUST.

" Lump—lump in the throat, can't be removed—Bell., CARB. VEG.

" Lump—lump in the throat—ALUM., CALC. C., LED., Merc. I. fl., MERC. I. RUB., *Nux V.*, Nat. Phos., RUMEX., Ruta., SABAD., Sabin., Stram., SUL., Sul. Ac.

" Lump—lump in pit of throat—Benz. Ac., Lob.

" Lump—lump were lodged inside of throat—Berb.

" Lump—lump in left side of throat—Sil.

" Lump—lump in right side of throat—Variol.

" Lump—hard small lump in the throat—Zinc.

" Lump—lump in throat descends on swallowing but returns—Lach.

" Lump—lump back of thyroid cartilage—*Pic. Ac.*

" Lump—lump in throat disappears on swallowing, but returns—LAC. CAN.

Sensation as if Lump—solid food passes over lump in throat —LAC. CAN.

" Lump—lump like two eggs in the throat—LAC. CAN.

" Lump—lump in pharynx—KALI. C.

" Lump—lump rolling over and over on coughing, rising from right abdomen to throat and back again—KALI. C.

" Lump—lump in throat when not swallowing—IGT.

" Lump—had to swallow over a lump—NAT. MUR., *Puls.*

" Lungs—lungs pressed up into throat—LACH.

" Lungs—lungs came into throat—Kali. C.

" Lying—food were lying in œsophagus—PULS.

" Marble—hot marble in throat near palate—Kali. Phos.

" Meat — swallowing pieces of meat during empty deglutition—Sul.

" Mucous—posterior part of throat full of mucous—MEZ.

" Mucous—fauces were lined with mucous—Rhod.

" Mucous—fauces were filled with mucous—CALC. C.

" Mucous—throat were full of gurgling mucous —GRAPH.

" Mucous—large mass of mucous collected in throat—LACH.

" Narrow—throat was too narrow, swallows constantly—CAUST.

" Narrow—throat were too narrow when swallowing—BELL.

" Needle — needle sticking in submaxillary glands—Sul.

" Needle—needle sticking above throat—Pil., Spong.

" Needle—needle pricking in the throat—MERC. COR.

Sensation as if Needle—a thousand needles sticking in throat —LACH.

" Nuts—he had eaten nuts, in throat—Calc. Ars.

" Obstacle—an obstacle in throat to swallow over—Zing.

" Pepper—he had eaten pepper—Bapt., Caust.

" Pepper—pepper in the throat—Xanth.

" Plug—plug moved up and down in throat causing cough—CALC. C.

" Plug—plug in the throat—ALUM, Aur. Mur., COFF., Hipp., *Lact. Ac.*, PLB., PSOR., NAT. MUR., LEP., *Thuja.*

" Plug—plug in œsophagus—Croc.

" Plug—plug in throat to be swallowed—Crot. Hor.

" Plug—plug in throat when swallowing—*Nat. Sul.*, NUX V.

" Plug—plug of mucous in throat—HEP.

" Phlegm—throat filled with phlegm—*Lep.*

" Pin—pin pricked throat—SIL.

" Pin—pin pricking in right tonsil—Nat. Phos.

" Pressed—food remained above the stomach and was being pressed back into the mouth —*Nux V.*

" Pressed—pit of throat pressed against trachea —Brom.

" Pressed—uvala pressed on something hard—CAPS.

" Puckered—fauces were puckered—Brom.

" Puffball—small puffball in throat—LACT. AC.

" Pushed—food pushed up to throat as if it hadn't been swallowed—Fer. Iod.

" Quivering—nerve quivering in œsophagus and stomach—FER. MET.

" Reversed—peristatlic motion had been reversed—ASAF.

" Rising—foreign substance rising up into the throat—Zinc.

" Sand—sand in the throat—Berb., CEST?

Sensation as if Scab—a scab were in upper part of throat—Calc. Ars.

" Scraped—throat scraped with an awl—*Mag. C.*

" Skin—loose skin hanging in the throat—Alum.

" Skin—a skin hanging loosely in throat; must swallow over it—SABAD.

" Something—something hot were in throat—*Arum.*

" Something—something warm rising from stomach—Valer.

" Something—something in œsophagus slipping toward stomach—Thesid.

" Something—something were being pressed out in throat—Spong.

" Something—something closed in throat on attempting to speak—Nat. Phos.

" Something—something hanging in region of hyoid bone on swallowing—Pal.

" Something—something hard all down the œsophagus—KALI. BI.

" Something—something in the throat enlarged or relaxed— *Lac Can.*

" Something—something sharp in the throat—Calad.

" Something—something cold rising in throat—Caust.

" Something—something were into throat causing suffocation—CHAM.

" Something—something cold and then something hot and stinging ascended the œsophagus—All. Sat.

" Splinter—Splinter in the throat—ALUM, ARG. N., HEPAR., NAT. MUR., NIT. AC.

" Splinter—Splinter imbedded in throat below angle of the jaw—DOLICH.

" Splinter—splinter in throat merging into heat and burning—ARS.

" Smoke—smoke in the throat—LACH.

" Scratched—lining of throat scratched off with sharp instrument—NUX V.

Sensation as if Sore—food had to force its way over a sore spot—BAR. C.

" Sore—parts in throat were sore and spasmodically drawn together—Caps.

" Sponge—sponge hanging in the throat—LACH.

" Squeezed—throat were being squeezed—Fer. Met.

" Squeezed—some one squeezed throat between thumb and finger—KALM.

" Stick—throat was full of sticks—LAC. CAN.

" Stick—a stick with a ball on each end extended from throat to left side of abdomen—KALI. C.

" Sticking — food remained sticking in the pharynx—Zinc.

" Sticking—something was sticking in the throat CHAM.

" Sticking—food remains sticking behind breast bone—Cepa.

" Sticking—husk sticking in the left tonsil—Berb.

" Sticking—food remains sticking in pharynx and conld not get into the stomach—CALC. C.

" Stuck—something stuck in inner throat—ACON.

" Stone—stone were in the throat—Bufo.

" Stone—foreign stony hard substance in the throat—Zinc.

" Stiff—throat was stiff as a board—*Lac Can.*

" String—string in the throat—SABAD.

" String—throat were tied with a string—SABAD.

" Sulphur—fumes of sulphur in throat—IGT., PULS.

" Sulphur—he had inhaled sulphur fumes—LYC.

" Swelling—throat was swelling—GLON.

" Swelling—she had to swallow over a swelling HEPAR.

" Swollen—pharynx was swollen—CARB. VEG.

Sensation as if Tearing—throat tearing to pieces on swallowing—*Syph.*

" Thread—thread hanging down the throat—Valer.

" Tied—tied together in the throat—ARUM.

" Tied—throat and tongue were all tied up—Crot. Hor.

" Tumor—large tumor were growing in throat—BELL.

" Twisted—œsophagus was clutched and twisted LYC.

" Valve—valve rose in the throat—FER. MET.

" Vapor—hot vapor rising from the stomach—MERC., Zinc.

" Water—boiling water rising in the throat—STRAM.

" Water—water rising in œsophagus—Hepar.

" Wave—wave from uterus to throat—GELS.

" Web—a web were drawn across the throat—Zinc.

" Worm—a worm in the œsophagus—Sabad.

" Worm—worm rising in the throat—Spig.

" Worm—a worm creeping up into throat—Zinc., PULS.

" Worm—worm moving in throat—*Hyper.*

" Wheat—wheat hull in throat behind mamebrium—*Plb.*

STOMACH AND EPIGASTRIUM.

" Air—air was forcing its way through stomach causing soreness—Bar. C.

" Air—air became imprisoned at epigastrium—*Rhus. T.*

" Air—every particle of food he ate turned to air in the stomach—IOD.

" Ball—ball or stone lying in stomach—Cocc. C.

" Ball—ball twisted in epigastrium—Ind. Met.

" Balanced—stomach being balanced up and down—Phos. Ac.

Sensation as if Band—band tightly drawn around body at stomach—MAG. PH.

" Bitter—something bitter were in stomach—CUP. MET.

" Body—a round body were ascending from stomach—CON.

" Body—hard body were pressed into cavity of pit of stomach—Aur. Mur.

" Body—foreign body sticking in cardiac orifice and behind the sternum—NAT. MUR.

" Body—hard body lay in stomach—Sinap.

" Breeze—cool breeze blowing on face when heated—felt in stomach—Gamb.

" Breaking—something breaking loose in stomach at every step—Ictodes.

" Bullet—bullet had lodged at pit of stomach—Tereb.

" Cat—cat purring in stomach—Fer. Sul.

" Cooking—something in stomach—*Phos.*

" Closed—stomach were closed—Cact. G.

" Coldness—icy coldness in stomach—COLCH.

" Compressed—stomach were compressed—Zinc.

" Contracted—pit of stomach were contracted—Daphn.

" Cough—cough came from stomach—BRY.

" Cutting—glass were cutting in stomach—Calad.

" Cut—stomach were cut to pieces—Magn. Mur., KALI. C.

" Distended—stomach were distended after vomiting—Bry.

" Drawn—stomach tightly drawn against spine—Verat. V.

" Drawn—stomach were drawn together—RHUS. T.

" Drawn—pit of stomach would be drawn inward—DROS., Jamb.

" Drawn—coats of stomach were spasmodically drawn together—Arn.

Sensation as if Drew—stomach drew together in a lump—and suddenly opened—MANCIN.

" Dry—food lay dry in stomach—CALAD.

" Dryness—great dryness in pit of stomach—Cup. M.

" Enlarged—pit of stomach were enlarged—Mang.

" Expanded—stomach were expanded—Calc. Ars.

" Fall—stomach would fall down—LYC.

" Fire—coals of fire in stomach—Ars., Sul., Rub.

" Flame—flame rushing out of throat and stomach—Euphor.

" Flame—flames rising from stomach—MANEIN.

" Food—stomach contained undigested food—Kobalt.

" Food—food filling up to the top—Graph.

" Food—stomach and œsophagus filled with food—Argn. N.

" Food—one had been without food until hunger were gone—Cocc.

" Gone—stomach were quite gone—GELS., MUREX.

" Grasping—hand were grasping inside of stomach—NUX V.

" Growing—stomach were growing together—Spong.

" Hammers—two hammers beating in stomach—Graph.

" Hammers—hammer beating in an ulcerated spot in stomach—Lachn.

" Hanging—stomach were hanging relaxed—Bar. C., IP., STAPH.

" Hanging—stomach were hanging down—CARBO. V.

" Hanging—stomach hanging loose when walking—HEPAR.

" Hung—stomach and intestines hung down relaxed—IGT.

SURGERY.

DECIDELY CONSTITUTIONAL.

Nothing in the history of medicine—and there is much in medical history!—is more absurd in theory or more disastrous in practice than the attitude of the dominant school in the matter of cancer. It seems to be taken for granted that the trouble is purely "local," whatever that may mean, and all expressions to the contrary are treated generally with silence as contemptuous as that ordinarily served to the therapeutic heretic.

But notwithstanding this hostile attitude of our scientific neighbors, we must satisfy ourselves upon several points before we can accept the local theory of cancer.

It may be well just here to define the term local, as we understand it. If a person fall and sustain a fracture of the clavacle or of the radius or perhaps of the ulna, the presumption is that the injury is purely local—that is, that the same fall or injury would in all probability fracture the same bone in another person. A pulsating tumor in the brain, following a wound from a pistol shot, is very probably local, caused no doubt by an injury to the coats of the artery, resulting in an aneurism. But a similar growth following after a long period of gastric and sexual debauchery would likely indicate a constitutional break down. One is a splintered mast; the other is a hole in the hull. A succession of fractures indicating unusual liability thereto, is constitutional—by which is meant that the preternatural tendency must be cured if at all, not by setting the fractures but by treatment addressed to the constitutional condition.

Cancer, of all maladies, resents most terribly all attempts to localize it. Its excision is sometimes a matter of great ease, but it either returns in the scar or starts up trouble in a distant part. It is curious how intensely cancer clings to the organism! Its utterances are always against the theory of locality. The local manifestation appears before the infection of neighboring lymphatic glands, and this fact is adduced in proof of the

local theory. Really, it means that nature is making an heroic effort for self-preservation and has set a conservative force in opposition to the destructive one. The swollen glands are of serious import, but it is their office to inflame, slough and die if necessary to preserve the organism from infection. Syphilis here presents a convincing parallel. The "local sore" is not local at all, and whilst it comes from a condition constitutional beyond all dispute the gland contamination follows its appearance; and it may here be observed that this glandular complication is very largely influenced by the methods adopted in dealing with the chancre. The more it is irritated, the more the natural process is harassed by irritants and septic applications, mineral and vegetable, the more incorrigible do the so-called secondary manifestations become. The same is undoubtedly true of cancer, granting that it is an independent malady without previous history—something too absurd for belief.

Laying aside all pathological considerations for the time the well-nigh universal rule of the dominant school, "Early and Complete removal," is a dismal failure. Either their operating is poor or their pathology is false. There can be no escape from one of these conclusions. The operative work is, we think, as near perfection as human operators can attain. It represents great knowledge and wonderful skill in the use of instruments. Still, cancer is not cured by excision. This is admitted without reluctance by the foremost operators of the world, who lament the fruitlessness of their efforts with no attempt to conceal the unpleasant facts. There must be a change somewhere. Sheer mutilation of the human body will not be endured always by the laity, and the profession will be forced to adopt something less dreadful if not more efficacious. We shall be driven in time to leave to nature what we can only mutilate to make worse. Perhaps when that time shall come, as it will, the pathologists will turn their heads away from cells as being the end of all pathology. The forces that create, nourish and arrange cells will then be studied, and the means of controlling these forces may in the end be revealed. The time is far ahead, but it will come. It must come. Our present position is intolerable. It demands revolution. Cancer must be prevented, because it cannot be cured by

the mere machinery of destruction—the scalpel and the saw. It must not be allowed to develop.

Astygmatism is local; strangulated hernia is local; an occluded appendix vermformes is local; a punctured wound of the abdomen is local, and here the knife is supreme, and has won unmeasured glory by it's splendid achievements. But cancer and syphilis and tuberculosis and rheumatism are preeminently systemic, and they inflict certain and terrible penalties upon those who ignore their rational pathology.

* * *

We acknowledge with thanks the receipt of the first number of *The Louisville Medical Monthly*, containing a valuable biographical sketch of Dr. Walter Brashear, of Bardstown, Kentucky, who, in August, 1806, amputated successfully at the hip joint in the case of a negro slave aged 17 years. The patient recovered, This was the first operation of the kind in America. We regret to learn that the famous surgeon afterward went as a member to the United States Senate, but as this happened late in life perhaps it should be considered as the pardonable weakness of an old man, worn out by great achievements in the greatest of all professions, and desiring to end his days in the pacific atmosphere of the ornamental branch of the national legislature.

* * *

Dr. C. E. Fisher reports a highly interesting case of uterine filro-myoma complicated with pregnancy, upon which he operated recently at the Hering Medical College. No septic solutions as dressings of any kind were employed, and the patient, a Swede laboring woman, aged 41, made an uneventful recovery. The growth weighed over seven pounds.

* * *

Dr. W. E. Green, of Little Rock, Arkansas, republishes an amusing article from *The Medical and Surgical Reporter*, wherein the great value of rectal dilatation in choloroform narcosis is endorsed by a distinguished English surgeon, the trans-atlantic gentleman unwittingly quoting an American, Dr. Dailey, of Ft. Smith, who is a homœopath. Dr. Dailey, of course, was following the lead of another homœopath, Prof.

Pratt, and when the old school discovers this fact, the method will be at once discarded on the ground that nothing scientific can originate in the homœopathic school. We must remark here that Dr. Green is one of the most accomplished surgeons in America, he having performed the first reported vaginal hysterectony in the South, the first successful ovariotomy in the State of Arkansas and the first laporotomy for a pelvic abscess in this country.

EDITORIALS.

THE SPECIALIST, PAR EXCELLENCE.—The natural trend of scientific minds is to the perfecting of oneself in some particular line of study; this is making itself manifest in almost every line of work, and particularly in the field of medicine, with its many departments, does the suggestion of special preparation seem most *apropos.* We have specialists for the brain, the eye, the nose, the ear, the throat, the heart and lungs, abdomen, diseases peculiar to women, and even surgery has developed men fitted for special work. To-day the most important field remains practically unoccupied; the field offering the greatest inducements to the careful investigator; a field practically unexplored by either school of practice; a field unfortunately relegated to the quack, and in which he grows rich with ill-gotten gains. I refer to chronic diseases. Out of 100,000 practitioners in the United States less than ten per cent are engaged in this work, which occupies a field larger than all others, and, more is the pity, these other specialists thrive because of the unsatisfactory work accomplished by the rank and file of physicians; and more is the pity that patients many times come from the hands of these specialists uncured because their study and investigation led them to place undue importance to their particular line of investigation. The physician who would become a specialist in this inviting field must possess certain peculiar qualifications: First, he must be thorough. Second, he must recognize the importance of the miasms as a cause in the perpetuation of vital dis-

turbances. Third, he must have a positive foundation to sustain it. This positive foundation can only be attained by positive knowledge and constant investigation. Did every physician but recognize the importance of this work the majority of the surgeons and those occupying the position of specialists in other departments would be compelled to join hands with us in the rooting out of disease instead of mutilating the same. Unfortunately those who would study medicine are not impressed with the importance of this subject except by those who occupy these special fields; and it is only by accident that the few who are willing to investigate are enabled to see the situation in its true light. Our medical training was in the old school, and even in our college days we had selected the specialty of surgery. Circumstances soon changed our natural inclination to diseases of the respiratory organs which we carefully studied, and as clearly magnified in importance thereof without the more important foundation of clear and accurate knowledge of the cause for the same diseases; our work, consequently, was either purely palliative, or worse, the mutilation of the human body.

* * *

PALLIATION.—The symtomatologist pure and simple is a palliator. The more faithfully he studies his symptoms the more refined is his palliation. It is true he retains the goose that lays the golden egg, but he does not reach that high position every physician should aspire to—the removing of the disturbing causes of the disease. We may quibble this matter as much as we will, but the fact remains that the patient is not cured, and you are accomplishing little better results than can be shown by the adherents of the dominant school. The physician who relies upon his Materia Medica alone must always remain among the class who feel that their mission has been performed if they can but temporarily relieve the suffering of their patients. Hand in hand with the Materia Medica must go the *Organon* and also the collateral sciences of Psychology, Histology, Chemistry, etc.

* * *

HOMŒOPATHY.—In the Rochester News letter to the *Medical Century* of March 1, we find the follow-

ing appeal for clearer lines marking the difference between Homœopathy as a distincive system of practice, and the old school in our societies, and by those who profess to believe in the law of *similia similibus curantur*. He says: "At the last regular meeting of the society in Rochester an Allopathic physician attended one day's session. He was open to conviction if proper evidence could be adduced from such attendance, but what was his answer when asked by a prominent member to sign an application for membership? He said: 'No, I see no difference in your treatment from that of my school. One of your officers read a paper on the treatment of Uticaria and hardly mentioned therein the so-called Homœopathic remedy, but almost all were just what I would have used, and in the discussion one of your prominent men spoke very highly of *Rochelle* salts. *I am just as much a Homœopath as either of them*, but I don't care to sail under false colors;' and I can prove every statement here made." It is a lamentable fact that too many physicians wish to obliterate the barriers between the schools, and are willing to surrender their heritage for the sake of peace, little realizing that every confession made by them is regarded by the old school as an evidence of weakness, and simply stimulates them to greater arguments and a more determined purpose to not only obliterate the barriers but to thoroughly eradicate from scientific thought the peculiar tenets of Homœopathy. So soon as a man assumes the position of the apologist and is willing to concede one single tenet of the Homœopathic faith to be false he is in danger, and it is simply a question of time when the disintegrating elements of doubt will leave him stranded upon the same sands of uncertainty occupied by his scientific (?) neighbors. Those who strive to follow the teachings of Hahnemann are called fanatics, illiberal, bigoted, etc., etc., but it is undoubtedly a fact that they cure their patients more certainly and more quickly than the followers of any other system of healing.

* * *

The Chicago *Herald* has at least one editorial writer who is not ashamed of avowing his belief in the Homœopathic treatment of disease. It is not necessary to give his name, for it

is swallowed up in the greater name of the journal he represents. In an editorial printed Tuesday, March 20th, we have the following:

DOCTORS AT THE COUNTY HOSPITAL.—A committee of the board of county commissioners put in a good deal of time last Thursday at the county hospital listening to the complaint of the allopaths because they do not get an opportunity to treat all of the patients.

It appears from the report of the proceedings that under the existing arrangement the allopaths treat nineteen out of every thirty patients, the homoeopaths six and the eclectics five. The report does not show that the patients have anything to say about it. For all that appears to the contrary the patients must submit to the sort of treatment that is arbitrarily allotted to them. The dispute proceeded throughout upon the assumption that such is the case.

Why not carry the plan further and apply it in the matter of spiritual consolation? Why not decree that so many patients shall receive spiritual advice from Roman Catholic priests, so many from Episcopalian clergymen, so many from Methodists, so many from Baptists, so many from Presbyterians, so many from Pope Bob Ingersoll, and so on? That would be quite as rational and just.

If the board of county commissioners can decide infallibly what school of medicine is best they should give all the patients to that school and bar out all the other schools. If they lack the faculty of infallibility in this matter they should permit the patients to make their own choice among the different schools in cases where they are able to choose, and put the other cases in the hands of the kind of physicians that they think best. The plan of parceling out the patients, so many to each school, is preposterous, and the sniveling complaint of the old school crowd because they do not get all of the patients is sheer impudence.

The time will come in some distant period of enlightenment when a man who wants homœopathic treatment in a public institution can have it, but the people will have to assert themselves in an energetic manner before they can hope to bring about such a state of affairs. It is little less than shameful in this era of scientific development that the time of public officials can be taken up by such demonstrations of mossback presumption as that of which the allopathic doctors were guilty on Thursday. They ought to have been shown the door of the committee room.

* * *

In another of our city papers we have the following news item which has been sent broadcast by the associated press throughout the land. It was read by three men with widely

differing degrees of appreciation. The old school man said, "I told you so." The homœopathic physician, who believes the teachings of said College to be in accordance with "modern" or scientific (?) homœopathy, says of the physician who is honest enough to deny the same, "arrogant bigotry;" while the man who represents the class faithfully upholding the standard of true homœopathy, sees in it an omen of bright promise for the future:

RESIGNED FROM THE FACULTY.—Dr. J. W. Cartlich has resigned as a member of the faculty of the Homœopathic Medical College and surrendered his chair of clinical medicine. He resigned in the following letter addressed to the trustees and faculty:

"KANSAS CITY, MO., March 13, 1894.

"To the Trustees and Faculty of the So-Called Homœopathic Medical College of Kansas City, Mo:

"I most respectfully submit my resignation as a member of the faculty and chair of clinical medicine, for the following reasons:

"First—It is not a homœopathic college, as but very little homœopathy is taught there, but instead they teach students to alternate and mix their medicines, utterly ignoring the law of our illustrous founder, Samuel Hahnemann.

"Second—That some of the professors ridicule the single remedy prescribing and the minimum dose, and try to instill into the minds of their students that infinitesimals are nothing but bottle washings, and will not countenance a physician who practices the true law.

"Third—They graduate every one who applies, if they can without being detected.

"Fourth—This year one of the professors marked two students 10 each in examination, instead of 100, and, in order to pass said students, the faculty threw out the chair, thereby voting diplomas to those who could not correctly answer one plain, simple question out of ten.

"Consequently, I want no part in such infamy, and most respectfully tender my resignation.

"J. W. CARTLICH, M. D.,
"1659 Madison avenue."

* * *

TUBERCULIN ABANDONED.—At a recent meeting of a German medical society, in discussing a paper in which the writer advocated the use of tuberculin in cases of consumption, Ewald stated that both experimentally and clinically tuberculin had been proved to possess no specific action, and that

its use had been discarded on account of the dangers associated with it. He referred, for proof of his statement, to Pfuhl's experiments.

MEDICAL SOCIETIES.

BY I. T. TALBOT, M. D., BOSTON.

It has been an unsolved problem how to so conduct our medical societies that they may best meet the wishes and requirements of their members. Especially is this the case in large cities, where the profession has been divided up into a great many specialties; some physicians devoting themselves to a single subject, while others seek to have a general knowledge of the entire ground covered by medical practitioners. Although the latter may in the end send his case to the specialist, yet he loses caste as well as patients; if, on being called in, he sends a very considerable portion of his patrons to the specialist. To such a physician the society is of value just in proportion as it covers the entire medical field, while the specialist wishes to gain instruction, or air his own knowledge, in his particular branch. To do this he needs to meet with others equally interested and equally informed in his specialty. The question is how to make a society valuable to all these different members. If general subjects monopolize the consideration of the society, the specialists drop out; if the specialists, often the brightest among the members, present too frequently their subjects technically, the general practitioner wearies of it and says he can get as much of that as he wants by staying at home and reading the journals. It is not an easy thing to keep up continued interest in a society. It requires a vast amount of work. The ablest members need to be encouraged, solicited, and even strongly urged to present their best thoughts to the society, and the meeting must be made of sufficient interest that members may feel repaid for their time and trouble in attendance. To make the meeting an interesting one requires a great amount of work outside the time of meeting. This is apt to fall largely upon the secretary, and if he is a bright, wide-awake, agreeable, friendly person, who knows how to approach the other members in a pleasant way and secure their co-operation; if he has good good judg-

ment to bring real worth to the front and not allow the self-seeking, opinionated and wordy to secure undue prominence; if, moreover, he is full of resources, he may secure for each meeting a sufficient amount of interesting matter, and bring out a large attendance of its members. If the meetings are held frequently—say monthly, as in a city—it is a great drain upon the resources of any single individual to provide subjects of interest for these rapidly succeeding meetings, and the secretary is apt to tire of his work and pass it into the hands of another. If this work is performed in a perfunctory manner, the character of the meetings is changed, the interest in the society gradually diminishes and the association practically becomes dead.

The plan which has been successfully adopted in the past year by the Boston Homœopathic Society seems to meet many of the difficulties. The society consists of about two hundred members, and holds its meetings on the first Thursday evening of each month, with the exception of July, August and September. This gives nine meetings in all. The officers of the society are a president, two vice-presidents, treasurer, general and provisional secretaries, and three censors. These form an executive committee of nine, to whom is entrusted the general arrangements of the meeting and business of the society, and such other matters as the society may expressly delegate to them. This committee holds regular meetings monthly, usually an hour before the time for the society meeting, at which is arranged the special business for that meeting, so as to present it in the clearest possible way to the society at the meeting which is to follow, and also to make general arrangements for the meeting of the succeeding month. The meeting of the society commences at a quarter before eight. The business, such as election of members, proposal of new members, and that pertaining to the general affairs of the society, is quickly dispatched, and pathological specimens, new surgical instruments and apparatus, and rare or interesting clinical cases can be presented to the meeting. Usually by 8 o'clock or quarter past the meeting is turned over to one of the sections designated for that evening. The society is divided into nine of these sections, namely: pathology and therapeutics; materia medica; surgery; gynæcology and obste-

trics; diseases sf children; opthalmology, otology and laryngology; mental and nervous diseases; electro-therapeutics; sanitary science and public health. Each of these sections has a chairman, a secretary and treasury, who together form an executive committee for the section to arrange for its meetings, procure and decide upon such papers as may be presented at the meeting in connection with the general society, and to arrange for the exercises of that meeting. Every member of the society may select such section or sections as he feels a special interest in, or chooses to join. To each of these sections is assigned a particular evening for the session in connection with the general society, but they may hold as many or such other special sessions as their executive committee or the section may determine. Thus in materia medica there may be meetings for special work to meet either as committees by themselves, or in conjunction with the section, and thus be left perfectly free to do their work in the manner most congenial to them. Thus these nine sections become practially nine separate and distinct societies, while some of the members may belong to several of these sections, and their best work, or that best suited for the general society, can be presented when the section meets with the society. By this means the specialists have not only opportunity of doing all the work they choose in their own sections, but they can also get some of the best from all the other sections. So far the results has been highly gratifying. The monthly meeting which before rarely exceeded an attendance of thirty, and sometimes not a third of that, has seldom been less than forty or fifty, and sometimes there have been as many as one hundred and twenty-five members present; while each meeting has seemed to rival the others in the effort to make it interesting and profitable. Of course a plan like this, however perfect theoretically, must depend for its success largely upon the ability and interest of its officers and the amount of work done to secure that interest. But if the responsibility is divided among several persons, and these selected for their fitness for the place, there is much less danger of failure than when it all rests in the hands of one or two persons.

Some of the details of the work, though perhaps not essential, are yet important in giving harmony to the whole. The

officers of the society are naturally elected at the annual meeting which occurs in January. A meeting of the various sections was called last year soon after, to elect officers for each section for the year. This, of course, gave a very short time for the section first reporting, while the last one would have nearly a year of preparation. To obviate this it has been suggested that the officers of each section should be elected for the ensuing year at the time when this section meets with the society. This plan will give every one a full year for sectional work, and to prepare for the society meeting. Of course a single year is not sufficient to fully determine, but time will prove whether this method is of practical value in increasing the useful work of our medical societies.

CAPITAL "I" IN HOMŒOPATHY.

FRANK B. SEITZ, M. D., ROCHESTER, N. Y.

Hahnemann College, Chicago, 1892.

Of the many things in Homœopathy which are discussed, used and abused, no mention has been made of the capital "I," first personal pronoun. There is hardly a paper read or reported which does not begin with "*I* find that *I* can do best with *my* patients if *I*," etc. The fact that he cures by the law of similars does not enter his mind.

It is interesting to note the manner in which the verbal optics are spoken. A physician shows his character or "bent" of mind by the way he speaks his "I."

We have the physician who says "*I* find *I* can do best if *I* use the thirtieth potency," showing his whole comprehension of the law of similars in the thirtieth potency. Another will say "*I* always use the 200th;" another says "I always use the low potencies," and says it a loud voice to match. Straightway there is a discussion on potency, and the law of Homœopathy takes a back seat. Another capital I says "I always use palliatives and ojuvants;" another says "I do not." Another says "I believe the knife the best for certain growths," and another says "I believe it is (for corns)." There is an immense argument that causes grey hair, but Homœopathy and the law of similars is not in it. Others again have favorite remedies. One says "*I* find *I* cure most

of *my* patients with Acon. and Sulph.;" another is surprised and says "*I* find *I* can cure most of *my* patients with Bell. and Rhus." There is a profuse and scientific chatter on the merits of different drugs in which capital *I's* go flying through the air in beautiful gyration and are swept out next morning in big chunks. The law is lost sight of; it is all the remedy and the man who gives it, which is called attention to.

We have another I in the musical Dr. who runs the scale when he says "*I* find *I* can diagnose deafness by the tuning fork," and keeps time with his feet when he speaks. His idea of *similia similibus curantur* is sing songs constantly. He is forever getting up a quartette in the society.

We have the dude with his hirsuite separation in the median line. He lifts himself from his chair by his moustache (what there is of it). He says "I, ah! er! I find, I believe I think there is a great similarity in the law of similars." He at least mentions the law. He blushes a blush to match his red necktie and sits down amid enthusiastic silence.

Then there is the decided satisfied man who says "*I* find *I* can do best when *I* do what *I* think best." He sits down and pats himself on the back for being the boiled-down essence of Homœopathy.

Then there is the fat man with the hypo-umbilical superfluity of adipose tissue. He seldom speaks and don't rise when he does. His idea of Homœopathy is five square meals and 12 hours sleep.

Then there is the old man's capital I. He sits way back. He waits until the small fry shoot their fire-crackers, then he fires a volley of artillery which settles the shooting match. He knows when it's his turn to speak. He waits a minute to get silence, arises slowly, looks about with a benevolent glare and with an indurated voice he delivers himself (without forceps) as follows: "*I* find *I* cure all *my* patients with one dose of the ^{cm}, and if you don't believe it you can't join my society." We have a powerful weapon against disease in the law of similars; when a cure is made give honor where honor is due. Homœopathy did it and not we.

DR. LUCIEN B. WELLS.

An old and honored resident of Utica, N. Y., Dr. Lucien B. Wells, died peacefully March 23rd, 1894. He was probably the oldest living homœopathic physician in the United States, and was well known to many people, not only in Utica but through out the land.

Dr. Wells was born in the town of Pompey, Onondaga Co., N. Y., October 8, 1810, of a patriotic stock, which played a prominent part in the early history of this country. He was educated in the Pompey Academy, and received his medical training from Drs. Pomeroy and Batchelder of Utica, and at Fairfield Medical College. He was graduated from this institution in 1832 and came to Utica and began to practice in company with Dr. Batchelder. Two years later he returned to his native county and began work in Pompey and Apulia.

Dr. Wells was educated in the old allopathic school, and it was not until 1846 that his attention was turned to homœopathy. He then embraced Hahnemann's tenets with enthusiasm, and ever after continued to follow homœopathic principles with unswerving devotion.

In 1850 Dr. Wells returned to Utica. For a time he was associated with Dr. Frederick Humphrey and subsequently with Dr. Pomeroy, but after 1857 he practiced alone. He continued his work until a very short time ago, giving himself up to his chosen profession with unrelenting devotion.

In 1837 Dr. Wells married Miss Orissa M. Searl, of Southampton, Mass., who, with a son, Edward H. Wells, survives. He also leaves a sister, Mrs. Morris Beard, of Pompey Hill.

Dr. Wells was always a very religious man. He was connected with the Westminster Church of Utica for many years, and for 40 years was one of its elders. He was, also, for 29 years treasurer of the session.

As a physician the deceased was greatly esteemed by his professional brethren. He was at one time president of the State Homœopathic Society and was long an honored member of the AMERICAN INSTITUTE, (having joined in 1848), also of the INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

In every department of life Dr. Wells showed himself such as to win the admiration of all. He was a careful and self-sacrificing physician, a consistent Christian, a good citizen and a loving relative and friend.

To Our Subscribers.

My Dear Doctor:

The policy of the Medical Advance in the future will be to limit its circulation to those who appreciate the importance of its efforts for the firm establishment of pure homœopathic principles and are willing to make the same known in some way or other.

In making up our estimates for the year we find that there has been carried over from last year a large number who have never given us any definite instruction in reference to their subscription for the Advance, (their instructions may have been given to the former publisher). It might be considered sufficient evidence by them that they wish the Advance continued because they do not order it discontinued, but we cannot afford to carry so large an element of uncertainty in our business, hence, for self-protection, have been compelled to adopt the policy stated at the beginning of this letter.

Our subscription list is made up of physicians from every class; some have been in active practice for years and are able to gratify their desires in almost any direction; others may have performed sufficient work to have given them a competence, if they had been paid for the same; while others have just entered upon life's great work, and the work of the day will barely supply the necessaries of life, but no physician really desiring the Medical Advance need ever be deprived of it because of his inability to promptly pay for the same, for the mission of the journal is purely that of a teacher, and any one who wills to learn of the truth may have all that can be obtained from the Advance; we simply ask of each subscriber who wishes to defer payment that he give us a satisfactory reason for the same, and, badly as we need every dollar due us, we will gladly extend to him all the favors possible.

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MATERIA MEDICA AND THERAPEUTICS.

OPIUM.

PROF. J. T. KENT.

In studying a proving one must realize there is nothing about the proving he can change, as it is written it is fixed. We can comment upon the proving as it has been brought out and verified by clinical experience but the proving remains. If the proving has fully brought out the image of a remedy and clinical experience has verified it, the image may stand as a fact, the language that provers made use of must stand. We learn by experience to read between the lines, we learn what they attempt to express. Allen's great record stands as the record of provings. The "Guiding Symtoms", is an improvement upon and, for that reason, is a better text book than the provings themselves. We cannot deviate from the provings. The knowledge that the physician possesses is an outgrowth of the provings. The homœpathic physician must make use of such remedies as we have an exact knowledge of. We propose to take up Opium; we want to see exactly in what kind of cases we should use Opium. In order to do that we must see before us the Opium subjects. The physician goes to the bedside and asks himself this question "Do I know a remedy that has produced on the healthy subject symptoms like these?" the diagnosis is his last thought. The diagnostician, the routinist, only racks his brain to make a diagnosis but the Homœpathic physician tries to get an image of

the sick man. "Have I ever seen this image before?" If he cannot recall from his mind an image from the pathogeneses, the symptoms produced on the healthy man, he is at a loss to know what to do, and there is but one thing to do, viz. search the records. If he has not a reasonable assurance that he knows a medicine that has produced on the healthy man symptoms like those before him, the image of the man sick, (not diseases, for we treat not diseases) (Hahnemann has said: "There are no diseases, only sick people").

It is utterly impossible for me to talk of any remedy and repeat the symptoms from the abstract memory, they are utterly useless considered apart from any sick individual. You might take Opium in its study in large dose, we first notice the exhilaration and sign of, bodily well being, feeling of happiness, of comfort, of affection, good nature and the mildness of one's nature or a peculiar hungry, empty feeling comes to the stomach, gnawing not relieved by eating, though the stomach be gorged; hunger not relieved by eating.

Opium always produces stupor, sometimes with sleeplessness and sometimes with coma, when the sleeplessness comes first enormous quantities are required, which condition only comes from congestion of the brain, with marked cerebral symptoms, then comes stupor, lethargy and contracted pupils, stupidity of mind and body, this passes on until the large dose wears off. If the dose has been rather large relaxation takes place ending in bilious vomiting which is sometimes very prolonged. Awful deathlike sickness, everything in the stomach comes up. Chamomilla is the natural antidote to this effect which may be called a secondary appearance, the appearance that comes on as reaction of the vital force. As the appearance of stupor subsides, the patient goes into an opposite state, extreme hyperæsthesia of the sensorium, great irritability. If Opium eaters leave off the drug for a little while, they immediately get the effects of relaxation. It takes a long time for an Opium eater to become restored to his normal sensations. The mental state of the Opium eater is terrible, the symptoms come on from years and years of use of the drug, he becomes a liar, untruthful, a dreamer, his imagination goes wild, those things are true to him that are false, the mental symptoms are full of these deceptions, he deceives himself with his imagina-

tions which are peculiar: he sees images that seem to him perfectly real. Opium eaters see black forms, animals, devils, deformed human beings in their presence. These symptoms appear in delirium and again when perfectly sane. The slightest closing of the eyes brings on the aggravation that runs through Opium. The dreams are more vivid, of course, than imagination in the wakeful moments. He dreams of black forms and animals. He thinks he is away from home and talks to imaginary persons. Eyes red, pupils contracted and he is stupid. Painlessness is a word which to a great extent runs through Opium. There is a lack of realization of the condition of his symptoms. Opium is seldom indicated in pain, still the old school give it to stupefy the patient in order to relieve pain. Painlessness is a grand characteristic of Opium. There is an inability to understand and appreciate his sufferings, the patient merely smiles, says there is nothing the matter with him, don't seem to suffer; when he undertakes to move, he will confess that he is not strong; his look is that of an intoxicated man, a besotted look like Baptisia, Lachesis, Belladonna and Bryonia. We particularly observe that look and the painlessness in some of the lowest forms of typhoid fever. Breathing stops on going to sleep, he must be shaken to start it again, pupils are contracted, face red and pale in spots. In the same kind of fevers we find a pinched, pallid look, very hot skin and copious hot sweat which gives no relief of symptoms, such is the Opium state and sickness. If he can be roused he makes no complaint. Bladder is overdistended, he makes no complaint; rectum filled with feces but there is no desire for stool; when pinched it does not hurt him, this we commonly look for in Opium. Even the ulcers are painless. The vegetative system is just as stupid and inactive. Remedies that seem to be well indicated have no effect. Open ulcers can be handled or probed yet they do not pain or discharge, they do not heal. The open ulcer is scarcely more painful than the open skin. Molecular death takes place without much trouble. Ulcers in the throat with such do-nothing, lack of operation, a powder of Opium will do much.

We have very few remedies that produce such a depression of the vegetative system. Dropping of the jaw. General paralysis of the brain. There is a wonderful lack of action. In-

sensibility accompanied by a lack of operation. Determination of blood to the head so marked that it is attended with apoplectic breathing, blubbering of the lips, bloody froth from the mouth, slow stertorous breathing, inability to rouse him from stupor; such things are produced by Opium. Many of these things we see in sick patients. No other medicine looks like it. You might suppose that the individual had been on a drunk. It looks most like whiskey. Pupils greatly contracted or widely dilated, pulse full, slow and feeble; after this passes away the images come; in various diseases delirium with these symptoms. Zymotic complaints with these symptoms. What matters it what you call these diseases, your attention is directed at first thought to Opium. You see it all at once, a question or two, "How is the urine? How about the stool?" and you fix upon the remedy. We give Opium in some of the severer forms of head pains although this is not striking in Opium and there is nothing peculiar about the pain but because of the peculiarities of the patient. The sufferings of the head are worse in the morning, leaving great pain in the back of the head so severe that he cannot raise his head from the pillow, head seems glued to the pillow; weight or load in back of the head; pain like hammers in the head; headaches so severe she cannot lie down; face flushed like one intoxicated; eyes red; whole head seems as if it would burst; no rest and no sleep; she is so stupid and tired that she feels as if she could instantly drop to sleep; this is like Belladonna; Bell. is similiar to this picture. Bell. with such a state will have throbbing carotids and more febrile action. All the complaints of Opium are worse from the heat of the bed, bed is so hot he cannot keep still. In congestive head troubles, in cerebro-spinal meningitis, with or without convulsions, with the general picture of Opium. If there are convulsions they are brought on by covering up the child. Worse from the glare of light, from lamp-light; wants cold things, to wash in cold water, heat will bring on a convulsion. These symptoms make you think of Apis; Apis has almost suppressed or scanty urine, Opium retained urine, suppression is the exception, retained is the characteristic. Opium has diminished sensibility throughout the body except in its chronic states where we find increased sensibility of the body. You cannot separate the primary and secondary symp-

toms, what is primary in one prover is secondary in another, all are symptoms. There is a difference between acute and chronic symptoms. Arsenic in its chronic state has thirstlessness, in the acute state burning thirst. When the chronic state of Opium is present we get this over sensitive condition where the extreme wakefulness is present, the clocks upon the distant steeples are heard all night long, every step across the room is heard, the people talking upon the streets keep her awake all night, no sleep, with extreme wakefulness; these conditions are seldom met with and are not well known. Its coarser manifestations are better known. Stupid as if drunk. Fainting turns with vertigo. In sunstroke unconsciousness and eyes glassy. Now Opium has one feature as a modality, it aggravates these symptoms, it brings on complaints that Opium cures.

COMPLAINTS FROM FEAR—Fear produces a wonderful influence over an Opium patient, it seems to leave a photograph upon the mind of the one frightened. It is generally expressed "The fear of the fright remains". A photograph of the image of the cause of the fright before the mind. A woman frightened by a dog will recall the image of this dog long after, with the same fear when she sees another dog. This kind of fear has brought on epilepsy. Frightened by fire, murder, or seeing someone run over by the cars. Fear comes on so suddenly that it produces paralysis. If this awful fear remains, an abortion, convulsions or insanity will come on. I knew of a distinct case with many fits almost daily, cured with Opium^{200}, it came on from fright of fire. I knew of a woman who suffered for more than a year, she heard a scream in the next house, somebody had cut his throat, she would awaken from sleep screeching and screaming, hysterical screams. Where the fear of the fright remains, only Opium has such a state. It seems singular that Opium should have that image within itself, that no other remedy has it. It is strange that Bell., Stram., or Aconite have not cured it or brought it out in their provings. It is singular that this peculiar thing is implanted in the poppy. Perhaps no other plant will ever occur that has just that thing. Opium cures colic, it is very much like Plumbum. It does have sinking in and gnawing in the intestines but not the drawing in of the abdomen like Plumbum. Opium is the antidote in some

instances to lead colic, when it happens to be homœpathic the colic does not return. With all of the intestinal diseases there is wonderful anxiety in Opium. It has violent craving for spirituous liquors. It has both thrist and thirstlessness. The points, constipation and paralysis of the bladder are worthy of further consideration. This peculiar sluggishness of the intestines, this constipation, may be of long standing. Opium has cured the most troublesome cases of constipation where the stools are hard round black balls, no desire to go to stool, this is particuliarly an Opium condition. Plumbum has it, also a great deal of the lack of sensation found in Opium. Study Opium and Plumbum side by side. Plumbum does not have the peculiar features I have described, the paralytic condition of the abdomen is very much alike in the two remedies.

Awful burning in the rectum with dysentery, morning aggravation. Diarrhœic stool is lumpy and liquid, mucous, blood and slime, awful burning in the anus, it smarts like fire. Some Opium provers after taking a fraction of a grain at night had diarrhœa in the morning and then remained constipated for days. The paralysis of the bladder is also striking. Urine retained from fright. Urine is very slow to start and flows in a feeble stream, it starts and stops from the spasmodic contraction of the bladder. (Bladder full twelve or twenty-four hours after delivery of child in parturition, there is no desire, no urging to pass urine, there is lack of sensation, you will find in a very large number of cases Causticum will be the remedy. If it is in the child Aconite is the remedy.) Frequent interruptions of the stream of urine which commences to flow after waiting a long time. Strangury. Children wet the bed at night and always dreaming of dogs and cats and black forms, stertorous breathing in sleep, breathing is irregular; with children having these symptoms and wetting the bed, Opium would hardly ever be thought of; the mother says he talks and jabbers, wakes up and looks frightened; in such a case Opium will over-come the wetting the bed. In youngsters who wet the bed, generally some peculiarity in sleep must be observed. Hahnemann said that the mental symptoms are the most important of all the symptoms that we can get to prescribe upon. Mental symptoms show themselves upon the faces to the experienced observer who notices in the face many things

that he cannot tell. Opium produces all sorts of convulsions. The febrile symptoms are likely to be attended with hot sweat, desire to be uncovered with sweat. Nux wants to be covered. Apis, Ledum, Iodine, Sulphur and Pulsatilla are ameliorated by cold things, cool atmosphere. Patients suffocate if the room is warm and close.

Now you have what Opium looks like. The entire array of symptoms must be studied. You can easily pick out patients with symptoms that I have said nothing about, the constitution of the patient is something else though the symptoms of Opium cover the case. There is something in every chronic case that is troublesome but in acute cases there is not much trouble. In chronic cases you have to see the symptoms by reading between the lines. There is one thing that the physician must never expect and that is to find all the symptoms of a remedy in a patient.

THAT TIRED FEELING.*

FRANK KRAFT, M. D., CLEVELAND, O.

I hate all pain,
Given or received; we have enough within us,
The meanest vassal as the loftiest monarch,
Not to add to each others' natural burthen
Of mortal misery, but rather lessen,
By mild reciprocal alleviation,
The fatal penalities imposed of life.
—Byron.

That tired feeling of which I shall speak in these pages has been so well and so often depicted in the advertisements of the spring crop of patented medicines that it seems almost needless to repeat in what it consists. If you take up any almanac, published disinterestedly by the sarsaparilla makers and vendors, or the little liver pill manufacturers, or the nervura fellows or the celery compound benefactors, those large and generous-hearted individuals, and peruse a few of the startling cases, embellished with the pictures of ex-cabinet ministers, ex-foreign ministers, and just plain, every day ministers and women, with generals from Kentucky and majors from Georgia, you will soon see that That Tired Feeling is at the bottom

* Read before the Missouri Institute of Homœopathy, April 17, 1894.

of all distressing complaints and is the bane of our later day civilization.

The spring fever with which some of us are prone to be effected about this time of the year, especially when we can't throw off this tired feeling by travel to California or Florida, is a most distressing disorder, for which the constitutional remedies of our grandmothers, ranging from treacle and sulphur in allopathic doses to sassafrax tea seems to not have much efficacy. The tomato-can tramp on the road has it equally as bad as his high nobility the hotel clerk. The richly apparelled dame in her magnificent turn-out, a flunkey in front and another behind and another dog seated in her lap resting against her Podsnappian bosom, or running underneath the coach, has it just as bad as the modest and spare-visaged doctor who walks to and from his daily visits, all, all seem troubled with That Tired Feeling.

It is not exactly that *dolce far niente* feeling, for that implies simply laziness, swinging lazily in a hammock, slung under the shady tree in mid-summer, palm leaf in one hand and something refreshingly cool and nice in the other; for that presumes mid-summer heat, flies, gnats and mosquitoes; this tired feeling of which we now speak has reference more to the spring—to the vernal equinox, when the trees begin to leave and the air is balmy and sweet with budding roses; when the young man's fancy lightly turns to thoughts of love and maple candy. It is still between hay and grass as to season; it is too early to lay off the winter underwear and don the summer weight; it is too early to eschew the fragrant pork sausage for breakfast and mixed hash for tea; it is too cool to rise early in the morning to watch the rising sun and listen to the soaring lark after a night's lark or two; the moon is not hardly placid enough nor full enough nor dark enough to warrant any apostrophizing in company with some fair maid of Eden lest one get something in addition to That Tired Feeling, namely, a bad or a good cold with a decided nasal twang. This seems to be about that time of the year, if I was writing the prognostications for a weather bureau,—this seems to be about that time of the year when it is advisable to put the parlor furniture on the front porch and the other kind in the back yard to get it aired.

This tired feeling seizes upon the very vitals of one's existence and renders him incapable of even the lightest tasks of the daily grind. When the wintry season draws apace That Tired Feeling is dissipated by the needful exertion to keep the blood in circulation; but in the spring time when the juice begins to run from the tree and man as well, then there is nothing that will so quickly dissipate it as to give in to it and enjoy the lazy, good-for-nothingness of the time, and like Poor Jo move on only under police compulsion.

The poor householder also realizes much of that tired feeling when he suddenly discovers that his house is all topsy-turvy and his wife and the hired girl likewise in house-cleaning; his slippers and dressing gown in the cellar kitchen and his favorite pipe and pen in the mansard.

But it was not the purpose of this paper to give you many definitions of That Tired Feeling but more to speak of a few remedies which are leading cards in connection with other symptoms but wherein the tired feeling predominates.

Let us go back to the beginning. To the milk business. Lactic acid is not often used as a medicine except by some of the purer prescribers among homœopaths; it has a pronounced symptom of tiredness, as if tired all over, as if he had walked fifty miles; any way a great distance and his legs feel like tons of lead; he can hardly drag them along, and after while he can stand only with difficulty. This is a genuine tiredness for the chances are that he is troubled with diabetes in some form. He is a lazy person, usually anaemic, lean and thin.

From milk to onions is not so difficult a transition because they go very nicely together in some people, especially young women when a cousin is not expected. Alium cepa, or plain Cepa, as Father Hering calls it, has That Tired Feeling coming on from some trouble in the respiratory mucous membrane; a cold in head or one which settles on the lungs; then we have that awful broken back feeling when he is so tired he can hardly raise his hands to his head. You all know that this is a great hay fever remedy, for every year this patient is attacked sometime in August with violent sneezing, especially in the morning, produced or aggravated by the perfume of flowers and by the skins of peaches. If you do not recall what your materia medica teacher taught you about the main symptoms

of alium cepa, get a good ripe onion and peal it carefully. I know of no object lesson more effective. I recently aborted some cases of grip in a family of adults and children introduced by incessant sneezing and acrid discharges. I called for an onion as I do not carry alium cepa in my pocket case, cut it in two, squeezed a few drops of the juice into a glass full of fresh cold water, stirred it up carefully—all this I did in the seclusion which the kitchen grants—and gave a teaspoonful all around every hour until the sneezing stopped, expecting on the morrow to give the grip remedies. But on the morrow the patients were better. My bill in this instance was just as high as if I had given alium cepa the forty-thousandth and a dose only once every so often.

Helonias has a peculiar tired feeling for which the woman can give no good and sufficient reason; she is so languid, so lack-a-daisical, so "flipsy-floppy", so disconsolate; but the uterus is at fault; she is painfully conscious of this organ at the time in the month, and there is usually great hemorrhage and burning; prolapsus and flooding on the least exertion. This is apt to be a lady of means enervated by indolence and luxury, therefore not a doctor's wife.

Then we have the young man or the middle-aged man possibly a congressman who has That Tired Feeling which is made better through the ministrations of picric acid. There is a spinal depletion calling for this remedy; a too frequent and too arduous worship at the shrines both of venus and bacchus. This is not that kind of a tired feeling which sends the sufferer to Hot Springs for his corns or his rheumatism; this is just an ordinary breakdown from overwork whether legitimate or illegitimate; it may come to the book-keeper, the cashier, the teacher, to the man of the cloth, who must away to Europe once in a while at his flock's expense. It is an overtaxing of the brain; brain-fag whether produced by exhausting discharges or by overwork.

Almost everybody knows that arnica has That Tired Feeling either as the result of trauma or dynamics. Here the muscles are bruised down into the bone; he is so sore and so tired. He doesn't want to move, yet the soreness is so great that he must stir a little or else the cobble stones and corn cobs with which his bed is filled will break through his skin. He is liable to

have boils. His face gets yellow suggesting to the allopath that he has malaria—and arnica, you all know, is sometimes called the poor man's quinine. In foulness of breath only one remedy can excel it and that is baptisia. All the discharges of arnica are of the odor of matured eggs; even the hemorrhage of an arnica patient partakes of this unsavory savor. Weakness very great. "So awfully, awfully tired, doc."

Calcarea carb. is another valuable remedy in this condition of great tiredness. In this instance, you must look more to the general condition than to any one individual symptom of tiredness. You must bear in mind that she has everything, in the material line, in excess; there is a proneness on the part of nature to overdo matters; in Silicea the bones are more at fault; but in Calcarea it is the tissues; so that we find the glands of the body and especially about the head and neck overlarge. The calcarea patient is a large-headed, large faced, large-nosed, large-eared, large-necked kind of a person; she is full of lymph, or phlegm, or water or any other kind of fluid or name for a fluid that you care to apply to it, so that in the cards she is known as the leucophlegmatic party; fair, fat and flabby; the scrofulous party, the party, young or old, predisposed to tuberculosis. Because of this law of homogeneity, we find the heart weak and the lungs flabby so that it is very difficult to breathe especially when she goes up stairs; and a very little exertion therefore causes them to experience That Tired Feeling.

Lycopodium, the so-called widower's remedy has a first lien on That Tired Feeling. I like the other name better: the Pedagogue remedy; for this patient is troubled with brains; there is much dyspepsia and sour stomach and gas; there is more attention paid to the upper story than the lower; more study than exercise; more brains than feet—so that the fair damsel by the lakeside is not included in this remedy. Lycopodium has the pear shaped, good-boy head; the precocious child who can write Latin hexameters at 5 years of age; the little Paul Dombeys who are hot-housed and railroaded through school and academies, and if they survive the medical school they will become fine thinkers and debaters and workers along theoretical lines, but utterly lack practical ability; that refined fine-haired, fine-skinned class who cannot earn its salt. They

have dyspepsia from lingering too long with the midnight oil. Their faces take on a parchment like texture, the color is colorless, bodies become top-heavy and scrawny, they are cold-blooded and almost without passion; the blood is in the head instead of in the body. They are cruel and indifferent. This is the martyr class; will die for an idea which may not amount to anything. It is easy to understand that this body is troubled with That Tired Feeling. This is bad enough, of course, but there is a darker side to the shield. It has another tired feeling which comes from the widower's side of the house of Lycopodium. There is a broken down condition resulting from undue and prolonged sapping of the vital forces through illegitimate sexual indulgence. And yet it is a singular fact that Lycopodium is not an amorous party, not a lecherous party. The sexual love of Lycopodium is not love at all. In marriage it is simply tolerance on the one hand and indifference on the other. It is a cold-blooded encounter with malice prepense; a closed carriage affair. The brains are in the way.

Hamamelis has That Tired Feeling as the result of the relaxed condition of the venous system; so that we have a flabby, bluish, sore-fleshed patient with varicose veins, the sluggish blood falls into the tissues and remains there producing blue spots like arnica and sulphuric acid. That is possibly one reason why Pond's extract is recommended for a black-eye; he is sluggish, sleepy and stupid; he is so tired that he moves with difficulty; when he pricks himself or hurts his skin, or if his nose bleeds there seems to be no resiliency to the cut or open vessel; it does not contract but bleeds on in a gentle bluish ooze. This party is never very passionate and scarcely ever amorous. It may be accepted as a broad rule but a safe one that a venous patient is not amorous. It requires the hot and bounding arterial blood for that function. So we have the tired feeling in the back because of the relaxed hemorrhoidal veins.

Natrum sulphuricum, or Glauber salts, was Grauvogl's great remedy in sexual disorders of the Prussian soldiery. With this remedy in the 30th he did perform wonders. It is a typical psoric remedy. Dr. Kent in teaching it to the classes in your city used to detail the case of a fireman who had been tossed off a ladder truck on his head; he became very nearly

blind; he could not bear the light of the sun, and more especially was the light coming through stained glass painful to him and made him irritable; music similiarly affected him. Later he developed a mania for destructiveness, first as to others and then as to himself. He was so tired out. He was snappy and disagreeble. His mouth was filled with slime actually and metaphorically. In general this remedy is indicated in those who live in cellars, or basements; basement kitchens; basement dining rooms; shipping clerks and bookkeepers who are kept in the basement probably working by reflected light under the front pavement; engineers of stationary engines when located in the cellar; plumbers, painters, printers, white-washers, restaurants, saloons, barbers and all the others who in a large and thickly populated city have their places of business in the basement.

Cactus has That Tired Feeling from getting his dinner too late, or from missing it altogether. As a consequence on comes a headache as if a great load was pressing on the vertex, made better by more pressure. Light and company are not wanted; and even when he gets his inner man properly lined later on the headache and the tired feeling refuse to leave; like a sulky child mad because it didn't get what it wanted in time. Then on come the peculiar crinoline symptoms; as if the body were in a wire hoop-skirt and every wire closing in on the body tighter and tighter. Or, like a large cold iron hand —a mailed glove, which seizes the heart and squeezes it for a second more or less then lets go. Secale sometimes mixes up the novice. He is taught that his first and great action is to constrict all circular fibres of blood-vessels; manifestly this is also what cactus is doing. Where then the difference? This is one instance of the teaching and learning of only the isolated symptoms of a remedy instead of studying the totality. Secale has a continuous squeeze, while cactus is an intermittent hug; it takes hold and pretty nearly squeezes the life out of the heart but it lets go again; it may renew it again and again and ultimately press the life out if not checked. Again, ergot has its most pronounced action on the uterus; cactus on the heart. In belladonna only a few of the circular fibres constrict and irregularly so we have hour glass contraction of the uterus. Here then are three constricting remedies; when we need bella-

donna we look to the cerebrum—the brain; for ergot to the womb; and for cactus to the heart. All have That Tired Feeling very prominently.

Staphisagria has Tired Feeling after eating. You have heard of people who ate until they were too tired to leave the table; who tried to eat breakfast, dinner and supper at one meal; or the Indian being closely pressed to take more offered to regurgiatate his food and come back and eat more. But this is not the staphisagria party. He is a man, who, as a boy, acquired vicious habits which in later life he regrets keenly; indeed he becomes morbid as to his salvation physically or spiritually *religiously*. He is a man who gets very tired when some one insults him, or his lady, when he cannot fight the rowdy, either because he is too big or the time is not propitious. Staphisagria is a first-class remedy in boys who have wrinkles in the forehead, who are preternaturally bashful, who have styes, who have a peculiar hacking cough, who are stunted in growth, who will not look you in the eye, who have that furtive almost stramonium way of looking at you out of the corner of the eyes. This boy complains because he is made to do the ordinary chores about the house. He will say that he is so tired; and his answer is true because his spine is at fault. Troubles from dwelling too much on sexual subjects is a familiar line to every freshman. Do not forget another almost as valuable a line, one that Kent used to dwell on a good deal, and one which I have found of some financial value to me in my practice on several occasions; namely the urinary troubles existing in newly married folks.

Bryonia is the retired but not reformed prize-fighter. When he is at his worst, he has a purplish face; it is puffed out and heavy as after a protracted debauch at the shrines of all the fashionable vices. There will be daubs here and there about the eyes and nose and temples and along the hair line of bright yellow to show that the liver is now involved whatever may have been the cause in the first place. In short he is "bilious". Ugly is no name for his disposition at this time. He is above all things a coward mentally, physically and morally; he will snap up his best friend and say savage things to those to whom in moments of reason he is kind. He is the wife-beater who ought to be strapped to a Delaware whipping post and his pelt

pretty thoroughly dusted with an improved carpet beater. With a sluggish liver it goes almost without saying that That Tired Feeling is very prominent in Bryonia. He doesn't want to move. He doesn't want to talk. He doesn't want to see anybody. He doesn't want to eat. He doesn't want to sit down nor stand up nor yet lie down. It makes him tired to think. Lemme 'lone and go to elsewhere. If he coughs it makes him swear; if he tries to draw a long breath he winces and his remarks are not worthy of repetition. His bowel symptoms are well known. He wants to sit still and sleep all day as well as all night, and if he dreams he dreams of the things done during the day so that he does them all over again and that brings on in an exaggerated degree That Tired Feeling.

The Materia Medica is full of remedies having That Tired Feeling, but I will speak of only one more, and that is Nux vomica, our old standby and swear by and swear at. He is very much the opposite of Bryonia and yet there are very many places where they touch elbows pretty sharply. Nux is a nervo-bilio-motivo-sanguino temperament; if there were any other temperaments I am sure Nux would have them all; for there is neither height nor depth nor breadth of infamy of which the nux patient may not be guilty. He will steal, he will lie, he will drink, he will gamble, he will fight, he will pollute himself and his neighbor's wife or daughter. His mind is ever active and a perfect devil's workshop. He is a schemer, a trickster, a three card monte man; a usurer (almost as bad as the Lycopodium miser) who lends money upon personal chattels without exposure or removal from the house and then exacts not alone the pound of flesh to the uttermost but every drop of Christian blood. He is the forger, the smart criminal; the educated blackleg; the safe-breaker and jail-breaker. This precious scamp overdoes sometimes, overleaps himself and falls down on the wrong side of the fence when he is overtaken by That Tired Feeling which so far as the feeling goes is genuine enough; he becomes ill and our offices are called into requisition. Nux vomica and not very high is a sovereign panacea for this party. But do not get the thought that all nux patients are of this variegated Joseph-coat stripe or breed. This is the sinister aspect of the shield. There are nux patients who have That Tired Feeling from perfectly legitimate causes

such as over activity in mercantile pursuits; over rushing of business; over-speculating on Wall street; over study of professional people or pupils; over doing sexually in a quasi-legitimate way though morally and in the sight of heaven as criminal as the illegitimate practice indulged in by the Mr. Hyde part of this patient. He may have over eaten and over drunken. He differs from Bryonia in that he is a fretty person, a fault finding person, a back biter and tale bearer. We see so much of the bad side of the nux patient that we are liable to forget that the nux temperament has much to do with the government of the world. Cæsar, Charlemagne, Napoleon, Wellington, and many of the foremost generals of the world and of our own country were nux people. But when you have a nux patient the doctor knows that he has his hands full; and he may run the gamut from the tincture to the extremest of sky-pole potencies.

You have probably noted from this and former papers before this Institute that I make pictures of my remedies. My memory even during my college days as many of my present classmates will remember was not of the best. The acquisition of isolated symptoms was always difficult to me. When I got into business finally I found the need of learning my Materia Medica in some other way than memorizing symptoms: I had used my off hours and the time spent in driving to and from patients in thumbing Hering symptom cards with several hundred of my own added—but with no marked success. I found I had too many cards for any one symptom. I began to read the Organon a little more carefully and presently it dawned upon me that the Totality meant exactly what it stands for—the whole—the perfect picture of the man as well as of the remedy; the one picture to offset or cancel the other; that this included everything about the patient and his surroundings, and not simply his diarrhœa, or his cough, or his corns, or his sleeplessness, or his sweat, or his impotency; then re-reading and re-studying the Materia Medica brought to my mind the pictures which I have been trying to show you. It is true that this way of studying Materia Medica will not give one as many remedies to select from as the repertory system and the symptomatological system; but I am satisfied that if I can carry from thirty to fifty of the old and well tried remedies under my

hat in this picture fashion, I am better prepared to treat the sick than he who picks out a few symptoms from four or five hundred imperfectly proved remedies and gives that in a single dose and very, very high. It seems to me, too, in looking over current homœopathic literature, and I am peculiarly in a position to see and read pretty nearly all that is written and printed, that the trend of today's homœopathy is towards greater simplicity both as to dose and remedy; this is true also of the allopaths. The first thirty or forty or even the first twelve old fashioned remedies used by Hahnemann and his immediate disciples well learned in all their totality will give more comfort in the hour of need than a smattering of half a hundred. So that when we are called at half past two of the night and separated from our dream of wealth and ease and things and hurried out six miles galley-west into the sleety atmosphere we are apt to forget our repertory, or leave our specially prepared slate or cards or algebraic formulas or slips for working out the case on the piano. The knowledge that we carry at our fingers' ends is alone knowledge. I believe that the true homœopathic way of prescribing is upon the Totality of the symptoms.

ACUTE PHLYCTENULAR CONJUNCTIVITIS WITH COMMENTS.

ARTHUR G. ALLAN, M. D., NEW YORK.

August 5, 1893.—F. O. aged 16 came to me for an attack of acute inflammation of his eyes that made it impossible for him to continue at his work as a photographer. He stated that three days before, on rising from bed in the morning, he noticed that his right eye was somewhat bloodshot, that it felt dry or as if dust were in it, and that it was somewhat sensitive to light. As the day advanced these symptoms grew worse and on rising the next morning he was alarmed to find that the right was very much worse and that the left one was attacked also. On the following day both eyes were very much worse in spite of the use of an eye-wash which "kind friends" had advised him to use, together with frequent bathing with hot water. It was very easy to make a diagnosis of the disease in this case: Acute Phlyctenular Conjunctivitis. However as a

diagnosis of the disease rarely gives us any clue as to what is the appropriate remedy for the patient let us now dismiss from our minds the fact that the patient had phylyctenular conjunctivitis and see what individual symptoms he really had that might be so grouped together as to form the picture of one of our proven remedies. For in this way alone are we able to find a remedy that will be homœopathic to the symptoms and so be able to cure the case.

In listening to the patient's story we find that the disease began on the right side and then went to the left; that his eyes watered and were sensitive to the light; that they felt dry or as if dust was in them; worse on moving them; that they felt hot; that the lids felt heavy, the photophobia preventing him from opening them wide and making them water; that the lids appeared as if swollen; that the pupils looked as if somewhat dilated although they responded properly to the stimulus of light. In connection with these eye symptoms he felt as if he had a cold in the head the discharge from the nose being thin and watery.

Here we have a group of eye symptoms that form the picture of Belladonna, one of the remedies that acts most markedly upon the eye. It is not always that we are able in this instance to find a remedy from the eye symptoms alone. It generally happens that we are obliged to bring to our assistance symptoms existing in other organs or parts of the body —concomitants. And here I might add that in selecting the remedy for eye diseases we should proceed exactly as we would in selecting a remedy for any disease without regard to its nature. In selecting a remedy for our cases we must never lose sight of the fact that there is no such a thing as a purely local disease and although the prime cause of disease may come from without still the whole disturbance which we perceive, that is the entire phenomena which constitutes both the subjective and objective symptoms are from within. They are caused by the vital force which has been disturbed and caused to act in an inharmonious manner and although this disturbed action of the vital force may be felt with greater force in one organ or locality of the body than elsewhere still as the one vital force controls the entire organism we find evidences of inharmonious action in symptoms showing themselves else-

where over the entire body. That diseases are general and not local is evidenced by the fact that between the time when the disease poison is introduced into the system and the appearance of symptoms there is an interval of more or less definite duration which has been termed the period of incubation.

The symptoms presented by the organ or part where the lesion exists are often of the least value in helping us to select the remedy. For example in a case of hemorrhoids the symptoms furnished by the piles themselves are very frequently unable to give us a sufficient number of characteristics to make a prescription by. It is the same with eye diseases. The local irritation set up by the presence of the lesion itself gives rise to symptoms that are so gross, so general, and without individuality as to make it impossible to see in them those finer shades of action which enable us to analyze our symptoms and interpret them in such a manner as to insure a correct prescription. It is therefore necessary to go outside of the organ affected for characteristic symptoms. Applying this rule to eye diseases it is usually necessary to look elsewhere than to the eye for symptoms which shall enable us to make a correct prescription.

I might give many cases to illustrate this point, and shall do so upon some subsequent occasion, but as this was not the object for which this paper was written we have now wandered too far from the original subject.

To return, our patient received a single dose of bell^{cm} which was followed by an improvement which lasted for five days when he began to grow worse again. He then received a second dose of the same potency. This time the improvement lasted only two days. On Aug. 8 he received another dose of the same medicine in the same potency without apparently any results whatever. From this it seemed that he needed a greater quantity of medicine or if that does not express it he needed a dose that would have a more prolonged effect than what he had already received. Consequently I decided to give him a low potency and repeat the dose frequently. So I gave him Bell. ^{200} a dose every morning and evening for a week. Under this prescription he improved rapidly and at the end of a week his eyes looked as though they were cured. They remained in this condition for two weeks when the right began to

get worse again. I then gave him a dose of Bell. ^{200} every morning for a week when his eyes appeared to be cured. He was kept under observation for several weeks longer and showed no sign of a return of any of his eye symptoms and up to the time of writing his eyes have remained perfectly well.

There is a point about the treatment of this case which I wish to comment upon, as this case gives a very good illustration of it. Some teachers of homœopathy have been in the habit of saying that when changing the potency it is necessary to give a higher one as a low one does not act after a high potency. It is to deny this statement that I have written this paper. Hahnemann taught that when the remedy had been correctly chosen and it was necessary to repeat it was best to give a lower potency. We can make no greater mistake than that of departing from the advice of Hahnemann. He told us to give lower potencies in repeating the dose. Then why should it be denied that a low potency acts when administered after a high one and we be told to give higher and higher in repeating? Certainly experience did not show this to be true for anybody who desires can prove for himself that a low potency will act after the high potency. Another point, the high potency is often an antidote to the low potency and the crude drug. Certainly if this is the case we would not gain anything by giving an antidote to the first dose when it was advisable to get more action from the remedy. To conclude, if we consider from the course of the disease that we need greater action from the medicine than we have already obtained, then, in repeating, a lower potency should be given; but on the other hand, if from the symptoms, we conclude that the potency has over acted, then a higher potency should be given but in a *single dose* and *not a repetition of doses.*

GONORRHŒA CASES.

J. FOSTER, M. D., LONDON, ENG.

W. E., aged 43. Consulted me on December 17, 1892. He had had chancres some twenty years ago, followed by slight secondary symptoms which soon ceased. Since then he had contracted gonorrhœa several times and the last attack, dating some twelve months past, had been suppressed by a variety of

drugs, such as oil of santal, Condy's fluid and the so-called never-failing solid permanganate. The suppression, however, had been but to a limited extent, for his present condition was that he had for about six weeks been in possession of a somewhat unique fistulous opening at the left side of the meatus extending into the fossa navicularis. From this opening a serous looking discharge escaped, which was much increased on each occasion of coitus, and at the side of the opening there was a sinus, not penetrating to the fossa.

There was a sensation of weight at the anterior margin of the liver and a feeling of soreness which was described to be as if it rubbed against the ribs.

No hemorrhoids, but occasionally a feeling of great weight at the anus, which came on at night and was relieved by walking about.

Tongue coated brown and nausea at long intervals.

Aching across loins always present.

Nervous system considerably below par.

Had had congestion of the lungs a few years ago.

As the condition of the liver and bowel appeared to proceed from allopathic drugs I prescribed Nux V. ^{cc}. one dose and Sacch. lact. to follow:

Dec. 22.—Much relief of pain. No pressure at the bowel. Pain at loins slightly relieved. Discharge from both sores and from urethra. Merc. S^{cc}. one dose.

From this date till early in the following January there was intense burning on urinating, felt at the inner opening of the fistula and very much aggravated by each act of coitus. Erections came on soon after getting warm in bed and then pain in the uretha steadily increased till it became almost insupportable.

The symptoms pointing so markedly to Ferrum and its action on the fossa navicularis, I found on inquiring that the fistula had followed the administration of Iron injection into the urethra and I therefore gave Ferrum^{5c} at four hours for two days, then three times a day, then twice a day, and finally in the morning. During this the pain wholly ceased.

On Jan. 20 the patient had a chill, increasing the pain in the loins and the discharge. Sul.^{cc}. one dose relieved this, the action lasting for a week.

Jan. 27. The dose repeated on slight return of symptoms.

Feb. 7. Frequent desire to urinate but much general improvement.

From this time till May he had chills, which were benefitted by Nux V. and by the end of May the discharge ceased and the fistula and sinus were healed, so that he was well excepting the pain in the loins, which evidently was unconnected with it and there was no evidence of renal mischief.

In the middle of December, 1893, he contracted a sharp chill with bronchial catarrh. The remedy which met this condition was Phos. cc. and under its action the lumbar pain disappeared early in the following month.

The patient was a person of sufficient means to obtain the most costly advice the old system yielded, and there was considerable interest in the case, for the medicinally induced "surgical" condition had been pronounced "a very interesting case," for which it had been proposed to operate. The lumbar pain had also become to the friends a kind of accepted fact as evidence of kidney disease and its disappearance under the appropriate remedy was important in ascertaining where the real therapeutic connection lay. So that there was a completenesss of interest in the case which was in no wise so barren as the interest attaching to the pathological pronouncement of the allopaths.

B. D., aged 50, had in August, 1893, contracted gonorrhœa. There was no history about gonorrhœa since about twenty years, nor had there been any syphilis. This gentleman possessed an accuracy of detail which left little to be desired on that score, for he carried about him a list, amounting by that time to be about a hundred and eighty, of the members of the fair sex, together with their names and addresses, with whom he had been intimate, so that he had not only vast available resources for his pleasures but he was readily able to trace his immediate trouble to two fair charmers and finally to ascertain which was the donor. His great immunity from disease at other times he ascribed to careful selection and immediate ablution, but probably it might more correctly be traced to his fine physique and temperate habits.

The discharge was green and there were early morning erections and but slight irritation of the urethra. For the pria-

pism be found a very satisfactory relief in coitus, but Mercurins^{cc}; one dose, also helped to reduce this condition, but had very slight influence on the discharge. A subsequent dose of Sulph. ^{cc}. fared but little better. In the absence of further symptoms I then decided to prescribe on his bilious, irascible habit; which was not unfrequently manifest, with a single dose of Bry^{cc}. The discharge ceased in two days and a slight recurrence of clear fluid at a week's end from chill was wholly removed by another dose of Bry.

ILLUSTRATING "ANTIDOTAL" TREATMENT.

A. W. HOLCOMBE, M. D., KOKOMO, IND.

Miss Ella T., aged 20, brunette—small—sallow complexion. Has been poorly for five or six years—general poor health—When a baby had summer complaint—later had phthisic—then had erysipelas—and has had whooping-cough, measles, mumps, scarletina, boils, carbuncles, pimples, ingrown toe nails, ague, hang nails, chapped hands and sore throat. Has very bad headaches, chronic. History of consumption on father's side. Appetite good, craves sweets and salty things—spits up food—bloats after eating—bowels constipated—urine too profuse and reddish—has chronic nasal catarrh and cough—dry and hacking—catarrh<in hot weather. Menses regular, headache<before menses and very nervous, back and hips ache. During menses—sharp tearing bearing down pains—flow profuse—dark and clotted—flow<while on feet, lasts five to six days—offensive. Sleeps best in after part of night, not sleepy in early part. Hands and feet always cold and sweat easily. Began to have back ache five years ago and has been in poor health ever since. Had grippe four times, took immense quantities of quinine. Has been loosing flesh steadily and her parents are much concerned about her. I learned that when she had erysipelas, which was *several* times it was freely painted with *Iodine*.

Oct. 7.—Gave her two powders of Chin. Sul. ^{cm}. to be taken twenty-four hours apart. Four weeks later I sent her a powder of Iodium ^{cm}—as I could not see her nor get a direct report from her. Two weeks later, or six weeks from the first prescription she wrote that she was improving rapidly and had

gained six pounds in weight, from 113 to 119 pounds and that she could scarcely wear the clothes she had been wearing. Of course she is not *cured*, but the results following the prescriptions made with view of ridding the system of the *drug diseases*, were surprising and *strongly* point toward a *law* of antidote.

NERVE IRRITATION OF A STUMP CURED BY THE INTERNAL REMEDY.

F. H. LOCKWOOD, CHICAGO.

Prof. Minor Surgery, Hering Medical College, Chicago.

Jan. 1, '94. R. H. called at my office with the following history. Eighteen months ago right leg crushed by the rolling of a piece of iron trestle. Carried to a hospital where laid from 10 a. m. until 6 p. m. On the arrival of the surgeon he said that amputation was unnecessary for he could not live, being so weak from the great loss of blood. On the patient's begging to be relieved, he finally amputated without anæsthetic.

After nine weeks he was dismissed from the hospital without the wound being healed entirely, and considerable nerve irritation. Three months after underwent another operation as necrosis of the bone had set in, the surgeon assuring him the nerve irritation would be entirely relieved. The second operation was successful, as far as the necrosis was concerned, but the nerve irritation aggravated, for which he was given iodine to paint over the surface, without the slightest benefit after some months of patient trial. The stump would swell during the day whether he wore his artificial leg or remained perfectly quiet, and being unable to work, he became thoroughly despondent, and wished that he had ended this life in the hospital as had been predicted. His physician advised dissecting out the scar to release the nerve. Before consenting he consulted me, being advised to by friends. I gave him a single dose of Arnica ^{10m} with a gradual improvement in the electric shock, as he called it, and this swelling. Three weeks after he accepted a position where he is obliged to be on his feet most of the time, without the slightest inconvenience up to the time of this writing. The patient asked me, if I was killing the nerve, and if so, if his life would not be more of a burden than before

as its function would be destroyed. I assured him I was not. Will some one kindly inform me how the remedy relieved, and if it will be permanent, for the nerve must still be in the scar if it was there in the first place.

Mrs. F. L., aged 22 years. Black hair and eyes, hysterical. A premature birth one and one-half years ago. Two months three weeks pregnant. Began flowing ten days before I was called, but with rest in bed for a few days flow ceased. Yesterday began again, flow dark and clotted. Bearing down pains, passing around from back to vulva. Weeping, nervous and excited. Face flushed, palpitation.

Sept. 1, '93. Called at 1 a. m., found the above condition only intensified. The pains were terrific, patient rolling and tossing about the bed, flow increased and lighter color. The os soft between pains, but as soon as they would appear a spasmodic contraction. I gave her one dose of Bell ^{1m} dry on the tongue. In less than five minutes she began to get easier and soon dropped into a peaceful sleep, only to arouse in about fifteen minutes to say "doctor what was that you gave me? If it was morphine don't give me any more for I can't take it." I assured her it was not, and that I never prescribed the drug. She was satisfied and was soon asleep again. One hour after the Bell. I noticed a slight screwing up of the face as if in pain, which was only momentary, and on proceeding to make another examination before leaving, as she was doing so well, behold there was the ovum in the bed. It having passed, probably, when she showed the signs of pain, without her even arousing, and she slept through until the next morning awakening to find that it was all over with, much to her astonishment and joy. This case is probably no more remarkable than other Homœopathists have had repeatedly, but the satisfaction it has given me, is the fact, that it brought another family into the fields of Homœopathy, as I have since treated other members of the family. In my after attendance upon the case I discovered the cause of the miscarriage to be syphilis, for which I am now treating her, and the husband, with the hopes that she will give birth to a healthy child which his old physician has said never could be possible.

HOMŒOPATHIC PRACTICE.

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Section three of the Organon, Wesselhoeft's translation, in part reads as follows: "The physician should distinctly understand the following conditions: What is curable in disease in general, and in each individual case in particular; that is the recognition of disease. He should clearly comprehend what is curative in drugs in general, and in each drug in particular; that is, he should possess a perfect knowledge of medicinal powers."

This quotation contains two distinct propositions, viz.: What is curative in disease, and what is curative in drugs. Now, judging from the relative position of these two statements in the quotation, that relating to the understanding of diseases, being placed first, is of the greater importance. Therefore it seems to me that in order to round-out our Homœopathic System of Medical Practice, and to make perfect the application of our Materia Medica, each should receive a just share of our consideration and study. That is, we must understand what is curable in disease if we would successfully apply that which is curative in drugs.

I believe that it is safe to say that a majority of physicians claiming to practice Homœopathy, as well as many of those who are recognized as Hahnemannians, do not comprehend the meaning, the full, deeper significance of that portion the section quoted: I mean what Hahnemann intended to teach. Hoping to throw a little more light on the subject I have selected it for this evening's paper.

History, as well as tradition, informs us that Hahnemann was a most thorough and expert diagnostician. Those who saw and heard him were greatly impressed by the statements made by a gentleman who visited the Hering Medical College during the winter of 1892-93, who, in his early life, had been cured by Hahnemann of a serious ailment that had baffled the skill of the best physicians in Great Britain, to the effect that no other physician had ever been so thorough and careful in the examination of his case. That he (Hahnemann) went over his body till it seemed that there was not an inch but

what had been "punched and pounded." That he (the patient) really felt bruised and sore for some time after. If the Master was thus thorough what sort of a lesson should we draw from his example? Surely we must not be remiss in our study and understanding of diseases.

This is not an argument in favor of Old-School methods by any means, nor a study of diseases from their standpoint. A knowledge of bacteriology, micoscropy, chemistry, etc., is well enough so far as it goes, but should not be pursued to the exclusion of the more important things. What I understand, and would suggest, is the more thorough study and knowledge of the methods of Physical, Clinical and Historical Diagnosis. Pathology is well, but with it we must possess a knowledge of vital processes, physical peculiarities, dyscrasias, Idiosyncrasies, etc., and such an understanding of them as that given a set of symptoms, a condition, a history of past sicknesses, with predisposing influences, such as family history, hereditary tendencies, etc., we may understand what is curable, and what is not.

In my special studies of the lesions of the heart, lungs and arteries, of late years, I have been particularly impressed with the importance of a thorough knowledge of the diseases of these nobler organs of vital life. And with this comes another and even more forceful conviction of the importance of these nobler organs of vital life. And with this comes another and even more forceful conviction of the importance of these foregoing statements.

For instance, take a case of lung affection; a patient comes to you with a history of tubercle in his family, several members of which have died of consumption. This one shows many of the physical signs of tuberculosis, such, for instance, as a narrow thorax, slender frame, stooping shoulders, disposition to take cold easily, bronchial irritability provoking cough from the least exposure, shortness of breath, easily fatigued, a chest expansion of one and one-fourth to one and three-fourths inches. This case is unquestionably tuberculous. Here, of all things, it is necessary that we understand what is curable in disease and apply the curative drug, or before that person is thirty years of age there will be a fully developed and helpless case of tuberculosis.

Take another case. In this there is no history of tubercle in the family. Yet, for years this patient has had a chronic cough, occasional hemorrhages, copious expectoration of a muco-purulent character, shortness of breath, easily fatigued, only one and a half to two inches chest expansion. These are symptoms of consumption, and doubtless have been diagnosed as such repeatedly by reputable medical men. We apply our Methods of Physical Diagnosis; there are areas of dullness, even flatness on percussion; also areas of hyper-resonance; auscultation reveals the presence of rales, moist, even to the gurgling rales of advanced tuberculosis; absence of true vesicular murmur, but tubular breathing; at times hectic is present. On inquiry we learn that the present sickness dates from a pneumonia sustained years ago. This clears up the case, and we now recognize it as a case of chronic interstitial fibrosis, and, although in the ulcerative stage, it will need to be differentiated from the former case, and the treatment also must be differentiated.

Another case. In this there is neither history of tuberculosis or pneumonia, but in every other respect, save that of being rather more chronic, resembles the case last before mentioned, or chronic interstitial fibrosis. The symptoms are cough, copious expectoration, weakness, shortness of breath, probably a narrow ill-formed chest, small expansion, one and three-fourths to two and one-fourth inches, a history of hemorrhages, but more copious than the former case. Now, what lesson have we in this case? We apply our methods of physical diagnosis, and find, as in the former cases, all of the physical signs of consumption. But we find something more. Stethoscopic auscultation reveals the secret of an otherwise anomalous case. We find an endocardial murmur associated with all of the rales of an advanced lung lesion. With care we locate the murmur; in a large majority of cases it will be found to be systolic in time and prove to be a mitral regurgitant. The increased area of precordial dullness shows cardiac hypertrophy, and there is probably dilatation. If there be also aortic incompetency, (which is the second most frequent cardiac lesion), the left side of the heart will be particularly enlarged, and the area of precordial dullness correspondingly increased. What, then, is this lesion? Answer: It was,

and is, primarily, an endocarditis with valvular incompetency; and, secondarily, a lung affection, which was at first purely functional, but now, or soon will be organic, as a result of hypostatic congestion, and that a result of the surcharging of the lesser circulation, which came from the reflux of blood through the incompetent mitral valve. Now it is going on to ulceration; the weakened capillaries have given way, ulcerative inflammation is established, and pathological conditions are present.

We have, however, many cases in which there are associated both heart and lung affections, but in which the lung disease is the primary affection. This is often a question of importance, and may be of vital consequence. If, upon careful investigation, we find that the right side of the heart is the seat of the lesion, and that there is tricuspid incompetency, instead of mitral, then it is more than probable that the lung lesion is the primary affection. Under such circumstances there will be found to be present in the lungs, in a great majority of instances, either a chronic interstitial fibrosis or pulmonary emphysema. In my experience and study of diseases of the thorax I have found it to be so commonly the case that I am willing to assume the responsibility of announcing the following rule, viz.:

When, in a given case, there are found to be associated both lung and heart affections, and upon a careful exploration of the chest we find that the endocardial lesion involves the left side of the heart only, then the heart affection is primary and the lung is secondary. But if, on the other hand, it is found that the heart affection is on the right side, then the lung lesion is the primary affection.

We may and do meet with cases of heart disease, with endocardial murmurs, without associated disease of the lungs. An example of this is true hypertrophy, as it is often met with in athletes. It is called Athleres Heart on account of the affection being far more common in that class of people. But in these cases the time comes when broken compensation obtains, and ultimately there will result a more or less serious train of lung symptoms. They will be obscure at first, but after a time a condition such as we have described will present itself, and that, too, in a man who all of his life has been exception-

ally strong and well with, as before stated, no history of, or predisposition to tuberculosis, or other chronic ailment.

It has been truly said that a man is no older than his arteries. A man at 20 years may have ruined arteries, and thus be as old as another man of forty. There may be in another person some constitutional dyscrasia or taint, which shows itself in a weak arterial system, which shows that in the make-up of the individual, (to put it in a homely way), poor material was used for tubing. But more often by far it comes from the abuse of good arteries, by over exertion, or too free use of stimulants, quite frequently from these two influences combined.

A common sequel of this constitutionally weakened arteries, or this abuse of the good arteries, is Arterio-Sclerosis. The final stage of arterio-sclerosis is atheroma, which is characterized by a deposit of lime-salts in the coats of the arteries, sometimes to such an extent that the media and adventitia are converted into hard inelastic tubes from calcareous degeneration.

It is not a difficult matter to understand what might be the influence of the presence of such foreign substances in the arteries of the lesser circulation. There would be hyper-sensitiveness and irritability of the lung tissue and make them susceptible to the operation of all irritating influences, particularly on account of their constant involuntary movements in the performance of their normal functions.

It is a well-known fact that certain of our remedies, notably the deeper acting anti-psorics, are great enemies to the presence of foreign substances in the body, and which, if given under such circumstances, are prone to set up around such substances a process of suppurative inflammation tending to dislodge and expel them from the system.

In tuberculosis, as delineated in the first hypothetical case stated and in the last, with calcareous degeneration of the arteries, the tubercular deposit in one and the deposit of lime-salts in the other are present as foreign substances, and will remain indefinitely in a condition of "innocuous desuetude" so long as undisturbed by medicinal or other influences, but when disturbed will set up action which almost invariably leads to a fatal issue.

Always give the indicated remedy is the rule. Many phy-

sicians claim that it is a rule to always follow, and upon symptomatic indications purely, regardless of the pathological conditions. Other physicians there are who enjoy the confidence of the profession to a high degree, on the other hand, affirm that it is a dangerous rule to follow at all times. I believe that Hahnemann knew and appreciated this danger when he wrote the third section of the Organon, a portion of which we quoted at the beginning of this paper. I believe with the latter class of physicians, and as Hahnemann doubtless did, that the presence of foreign substances in the tissues, such as we find in tuberculosis, atheroma of the arteries, etc., are contra-indications for the administration of the deeper acting anti-psorics. With this interpretation of section three of the Organon, (or a portion of it), its words appeal to me in a new and stronger sense than ever before. First, the necessity that we understand what is curable in disease. Second, that we comprehend what is curative in drugs. And Third, and above all, that we possess a *perfect knowledge of medicinal powers*. This latter it seems to me, to a large extent includes the others.

CASES ILLUSTRATING ANTIDOTAL TREATMENT.

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Dr. Sawyer's article, "Treatment of Drug or Artificial Diseases," in the March number of THE ADVANCE is a strong one. To many of the profession it will be an "eye-opener." The doctor takes the true Hahnemannian stand when he says: "Put it to the test and publish the failures." If the theory is false there is no other way of proving it so. It is to be hoped that the paper will receive the attention it merits, and that a thorough discussion of it may ensue. The subject is a most important one, as drug diseases were the only ones that Hahnemann considered incurable. Some say that the exhibition of a very high potency to *cure* or *antidote* the effects of the crude drug is *empiricism*, or a form of Isopathy. In a private letter to the editor, not long since, I made the statement that I thought there was no such a thing as Isopathy when using the high potencies. Hahnemann says that Prosin is *changed* by potentization, and so must the other nasodes be also. We know that the nasodes *cure*, and they *must* cure according to the law of homœopathy, for Hahnemann says there *is* no

other. The same way with the high potencies *curing* or *antidoting* the effects of the crude article; if they remove the symptoms it must be by the law of similars, for *everything* is according to *law*, and as there is but *one* law of cure it certainly comes under it. Some object to this theory as they say it would make the treatment of chronic diseases too *simple*. All you have to do is to give a high potency of whatever drugs the patient has already taken, when, *presto* change, the patient is *cured*. Well, if that is *true*, what possible objection could be offered? Is it not the *cure* of our patients we all desire? But no one claims any such miraculous results, for it must be remembered that after all the drug diseases have been *cured* there may remain any one or all of the three chronic miasms. No one remedy is the similimum for two or three drug diseases and one or more miasms. I have been "*testing*" this theory for the last year and am fully persuaded from results obtained that it is orthodox Homœopathy.

I submit two cases in demonstration, and these are not the *only* two in which the results were so satisfactory:

Case I. Frank S——, printer, very dark complected, came to me February 10th suffering with excruciating pain in right eye ball, conjunctiva slightly inflamed, and the integument surrounding the orbit was very sensitive and sore; eye had pained him at intervals for last two days. He was excessively nervous and impatient. I learned that about a week before he had taken a cold and had taken several enormous doses of quinine, and as his cold improved the pains in the eye appeared. At 7 p. m. I gave him a powder of Chin. Sul^{cm}., with placebo through night. I met him at breakfast next morning, and his greeting was: "My eye is O. K. this morning, Doctor; don't hurt a bit."

Case II. Kenneth N——, aet. 4 years. Was called to see this little patient, who was taken suddenly with vomiting and retching; gave Ip^{1m}, which controlled the vomiting. The next day he was feverish and somewhat restless, feet were hot, lips red, sweat at night; he was of scrofulous parents, and I gave him Sul^{1m}. He improved rapidly and was up and about. Nearly a week after I was called to see him again and found him *restless*, feverish, skin hot and dry, face red, tongue coated thick white except on tip, which was red and moist. He was *very* nervous, cross and peevish, and the scalp so sensitive could not lay it on pillow without complaining. His mother said that he had never been entirely free from the fever since his first attack, and that he was usually chilly in the forenoon. I learned upon inquiry that during the winter she had smeared him several times with "goose-grease and quinine" for colds. I gave him Chin. Sul^{45m}. at 9 p. m. He slept well all night and had no fever next morning nor none since.

(*Continued from April Number.*)

Sensation as if Hung—stomach hung down heavily—*Merc.*
" Heart—heart beat in the stomach—Jacae.
" Heat—gentle heat passed from stomach to and through arms to fingers, then hand appears as if dead—Con.
" Heaved—stomach heaved up and down—Cocc.
" Hollow—stomach were hollow—Calad.
" Instrument—some sharp instrument had made wound in stomach—Tab.
" Inflated—pit of stomach were inflated—Dulc.
" Ice—lump of ice lodged in stomach—Bov.
" Jerked—stomach jerked up—Kali. Bi.
" Knife—knife were running into her stomach—Sil.
" Knife—knife stabbed in pit of stomach—Nic.
" Knife—knife stabbing in stomach—Phos.
" Knife—epigastrium were pierced with knife—Colch.
" Laced—lower part of stomach were tightly laced—Igt.
" Lead—lead were in stomach—after eating a little—Hepar.
" Lime—lime burned in stomach with rising of air—Caust.
" Living—something living jumping about in pit of stomach—Croc., Manein.
" Liquid—liquid moving from stomach into intestines—Millef.
" Lodged—food lodged over orifice of stomach—Igt.
" Lodged—something remained lodged in stomach that would not pass off—*Sep.*
" Load—load of stone in stomach—Calc. C.
" Load—heavy load in stomach—Gels.
" Lead—lead were in stomach—Sil.
" Lump—lump in stomach—Lob., Medorr., Sanic.
" Lump—burning lump in stomach—Lob.

Sensation as if Lump — food formed itself into irregular lumps—NUX M.

" Marble—marble pressing from epigastrium to heart—KALM.

" Meat—as if he had eaten tough meat or hard nuts—China., Ars.

" Open—stomach were standing open—*Spon.*

" Passing—contents of epigastrium were passing into chest—*Cham.*

" Peppermint—he had eaten peppermint lozenges —CAMPH.

" Pieces—hard pieces were lying in stomach—MANCIN.

" Pins—paper of pins in stomach piercing flesh—Medorr.

" Pins—pins were sticking in stomach—IGT.

" Pressing—food pressing upon and hurting stomach—CHINA.

" Pressing — something pressing heavily on stomach—PHOS.

" Pressing—dull instrument pressing in stomach —Nitr. sp. dulc.

" Pressing—some one pressing forcibly with fist against the stomach—*Rhod.*

" Pressure—pressure from plug in stomach—Millef.

" Pressure — pressure came from stomach and compressed the heart—NAT. MUR.

" Pulled—loose flesh at pit of stomach pulled up on coughing—*Staph.*

" Pushed—victuals were pushed to left side of stomach—Bry.

" Quivering — a nerve were quivering in the stomach and œsophagus—FER. MET.

" Removed — stomach had been removed — PHOS.

" Reversed—peristaltic motion were reversed—ASAF.

" Rolled—region of stomach rolled up into a ball —Bry.

Sensation as if Scalded—stomach were scalded—*Rob.*
" Scraped—stomach were being scraped—*Sep.*
" Screwing—screwing together in epigastrium—Zinc.
" Shook—stomach shook when walking—had to be held up—*Merc.*
" Shortened—stomach were shortened—Igt.
" Shocks—shocks from battery from stomach into epigastric region—IRIS. V.
" Something—something were in pit of stomach which excites cough—Bell.
" Something—something ascended toward stomach—Cocc. C.
" Something—something in stomach that ought to come up—Eup. Perf.
" Something—something moved up and down in stomach and bowels—LYC.
" Something—something would be pressed off below stomach—KALM.
" Something—something boring in stomach—Nat. sulph.
" Something—something forcing passage through pit of stomach—Valer.
" Something—something alive rising from stomach to throat—*Verat. Alb.*
" Steam—steam rising from stomach into head—LYC.
" Stone — stone pressing into scorbiculum—CHAM.
" Stone—stone on stomach—Cedr.
" Stone—pressure from stone in stomach—All. Sat.
" Stone—stone were in stomach—BRY., CUP. MET., Dios., IGT., Paris., NUX V., *Opium*, Sep., Squill., *Rhus. T.*, ZING.
" Stone—stone rolling from side to side in stomach—GRAT.
" Stone—stone pressing at pit of stomach—PTEL., *Rob.*

Sensation as if Stone—as if he had swallowed a lot of broken stones—Osm.

" Stone—cold stone were in stomach—Sil.

" Something alive jerking in stomach—Sang.

" Strapped—stomach were strapped together—Tell.

" Stream—hot, wavelike stream moving through abdomen, chest and throat—Lyss.

" Sink—stomach would sink into abdomen—Dig.

" Substance—hard substance in pit of stomach Rumex.

" Substance—some hard substance in the stomach—Sang.

" Swollen—pit of stomach were swollen—*Bry*.

" Tearing—something tearing off in stomach—Petr.

" Tied—stomach tied together—Carb. Sul.

" Torn—stomach were torn with pinchers—*Sulph.*

" Torn — stomach were being torn out when yawning—ARS.

" Twisted—something were twisted about in the stomach—Nux V.

" Turning—viscera were turning inside out—Sep.

" Undigested—food remained a long time undigested in the stomach—Mez.

" Vapor—hot vapor rising from stomach—Merc.

" Water—stomach hanging down and swimming in water—Abrot.

" Water—stomach full of cold water—Grat.

" Water—cold water or ice in epigastrium—Kreos.

" Water—stomach full of water constantly—KALI. C.

" Water—stomach were full of water—Ol. An.

" Water—had drunk a great deal of luke warm water—Spong.

Sensation as if Weight—heavy weight lying on stomach—*Staph.*

" Weight—weight attached to stomach—Dig.

" Weight—every thing in epigastrium were weighted down—*Plumb.*

" Wind—stomach were full of wind—Carbo. Veg.

" Wind—stomach would burst with wind—ARG. N.

" Worm—worm rising from stomach—Aaler.

" Worms—worms gnawing in the stomach—Amm. Mur.

" Worms—numberless worms crawling in epigastrium—CINA.

" Worms—worms were moving in stomach—Cocc.

" Wriggling—an animal wriggling in epigastrium Chel.

" Yeast—stomach full of yeast—Sticta.

ABDOMEN AND HYPOGASTRIUM.

" Air—hot air blowing over lower part of abdomen—Throm.

" Air—air bubbles were pressed forcibly through intestines and passed upward—Pal.

" Animal—an animal snapping and tearing portions of insides of intestines—Palad.

" Asunder—symphysis pubis suddenly forced asunder—Tereb.

" Ball—parts inside of abdomen were rolled up into a ball—Cham.

" Ball—bowels drawn up into a ball and abdomen empty—CHAM.

" Ball—ball rolling from right side of abdomen toward stomach—LACH.

" Ball—ball rolling around in abdomen or bladder when turning over—LACH.

" Ball—hard twisted ball lying in umbilical region—KREOS.

Sensation as if Ball—ball rising from pit of stomach to larynx —Kali. Ars.

" Ball—balls rolling together in abdomen—Colic., JATRO.

" Bag—bag not quite filled with fluid lay in bowels—*Plumb.*

" Band—band drawn from crest of one ilium to other—Jamb.

" Band—tightly tied with band around bowels—ARG. N.

" Bandage—cold bandage over lower part of abdomen—Lac. Fel.

" Bandage—tight bandage in uterine region—Hyper.

" Bitten—bitten by something on lower part of abdomen; itching—Carbol. Ac.

" Blood—blood in abdomen flowing backward—Elaps.

" Boiler—boiler working in the abdomen—NIT. AC.

" Boiling—abdomen were boiling—Lachn.

" Body—hard body lying in left groin—CARBO. AN.

" Boring—something boring in ovarian tumor—Zinc.

" Bubbles—bubbles forming and bursting in abdomen—Tarax.

" Burned—something burned him internally in abdomen—Cact. Gr.

" Burst—abdomen would burst from load—Am. Mur.

" Burst—intestines would burst out through abdomen—Squil.

" Chisel—chisel were thrust deep into upper abdomen, thence passing in a curve backward, and downward into pelvis, then cutting its way upward again—COLOC.

" Child—child were bounding in her body—*Therid.*

" Coals—red hot coals deep in pelvis—KREOS.

Sensation as if Coals—hot coals in abdomen—VERAT. ALB.
" Coals—hot coal at the umbilicus—Merc. I. fl.
" Coldness—coldness rising from abdomen to throat—CARBOL. AC.
" Constricted—everything in abdomen were constricted—Moschus.
" Constricted — intestines were constricted — Plumb.
" Cord—cord constricted hypogastrium—Chel.
" Cord—cord connected anus and navel, with pain on straightening—Fer. I.
" Cord—cord tightly drawn across lower part of loins—*Arn.*
" Creeping—abdomen full of creeping things—Stann.
" Crosswise—fœtus were lying crosswise—ARN.
" Cough—cough came from abdomen—CON.
" Cut—intestines were being cut—Coff., COLOC.
" Cut—bowels would be cut to pieces—Ant. T., Op.
" Cut—Abdomen would be cut to pieces—Jalap.
" Cut—bowels were cut in pieces—MERC.
" Digging—some one were digging fingers into intestines—Bry.
" Distended—abdomen distended to extremest degree—Stram.
" Drawn—colon were forcibly drawn up and backward to spine—DIOS.
" Drawn—bowels were drawn together—MANG.
" Drawn — intestines were being drawn toward spine—Tereb.
" Drawn—abdomen were drawn in—Verat. Ver.
" Drawn — abdominal muscles were all being drawn over the region of the uterus—Amyl. Nit.
" Drawn—abdomen drawn to spine by a string—PLUMB.
" Drop—viscera of abdomen would drop on walking—Fer. M.
" Drop—intestines would drop—Cann. Sat.

Sensation as if Drawn—navel were drawn in—NUX V.
" Electric — electrical shocks darted through abdomen to anus—COLOC.
" Eating—something eating in bowels—KALI. BI.
" Empty—whole abdomen were empty—Cham., DULC.
" Expanded—abdomen were expanded—Calc. Ars.
" Expanded—throat and abdomen expanded—Hyper.
" Exposed—abdomen were exposed—Tereb.
" Fall—every thing in abdomen would fall out—ALUM.
" Fall—every thing in abdomen would fall down —NUX V.
" Fall—bladder would fall to side on which one lay—PULS.
" Falling—bones of pelvis were falling apart—Trill.
" Falling—bowels were falling out during stool —KALI. BR.
" Fell—intestines fell from one side to the other when turning in bed—BAR. C.
" Fell—a hard body fell from navel to right side when turning to that side—LYC.
" Fell—bladder fell from side to side and were enlarged—SEP.
" Fish—fish turning over each other in abdomen *Pod.*
" Flatus—flatus passed down left side of abdomen to rectum but seemed to turn and go upward to bladder or womb—Pulex Ir.
" Fell—bowels fell to side on which one were lying—MERC.
" Fire—fire were in intestines—MANCIN.
" Fire—stream of fire passed through abdomen with stool—Ascl. tub.
" Fluid—fluid running from bottle in abdomen—GAMB.

Sensation as if Fluid—some fluid in lower part of right lung wanted to discharge itself into region of duodenum—Chenop. Vul.

" Fluid—fluid dropping in left groin—Zing.

" Fluid—fluid rolled from one side to the other in abdomen—PLUMB.

" Fluid—fluid pouring into abdomen—Rhod.

" Fluid—whole intestinal contents were in a fluid state and in violent commotion—*Polyg.*

" Foetus—foetus moving in uterus—*Tarent.*

" Foetus—foetus turning somersaults in womb—LYC.

" Forced—everything would be forced out of pelvis—Xanth.

" Frogs—frogs croaking and rumbling in bowels COLOC.

" Frogs—frogs croaking in abdomen—GRAPH. —*Sabad.*

" Full—bladder were full and contents of abdomen would fall out over pubes—Sep.

" Grasping—hand grasping intestines and each finger sharply pressing in—IP.

" Hanging—intestines were hanging down—PSOR.

" Hanging—entrails hanging loose and flabby—Ictedes.

" Hanging—stomach and intestines hanging down relaxed—IGT.

" Hanging—abdomen were hanging heavily—CARBE. V.

" Hung—bowels were hung on easily tearing threads—Coloc.

" Ice—skin on right side of pelvis were touched with ice—Arg.

" Instrument—an instrument going through right groin into abdomen—*Sul. ac.*

" Knife—knife in right abdomen on walking—*Rhus. t.*

" Knife—knifelike stitching in right side of abdomen—Verb.

Sensation as if Knife—knife sticking between umbilcus and right groin—Ind. met.

" Knife—knife thrust through the abdomen—LACH.

" Knife—knife thrust from umbilical region to back—CUP. MET.

" Knives—knives cutting in intestines—*Chel.*

" Knives cutting in abdomen—KALI BI., Sabad., VERAT. ALB.

" Knives—knives stabbing in the abdomen—MERC.

" Knots—small intestines being tied in knots—Polyp.

" Knots—intestines were strung in knots—SULPH.

" Liquid—liquid moving from stomach into intestines—Millef.

" Living—something living in the abdomen—Cann. S., Sabin, *Spong.*, THUJ.

" Live—a thousand live things moving about in the abdomen—Pod.

" Loose—abdominal viscera loose and dragging when walking—NAT. MUR.

" Loose—bones of pelvis were getting loose—MUREX.

" Loose—bowels loose and shaking about on walking—Mang.

" Lump—lump turning and twisting in whole abdomen—Sabad.

" Lump—heavy lump pressed in abdomen—*Rhus. T.*

" Lump—lump in lower abdomen—*Nux M.*

" Lump—lump rolling over and over on coughing, rising from the right abdomen to throat and back again—KALI C.

" Lump—lump size of hen egg rising and falling in right iliac and lumbar region—HYDR.

" Lump—heavy lump falling from just above umbilicus to small of back—LAUR.

" Motion—bowels were all in motion—Corn. Cir.

Sensation as if Needles—being stuck with needles in abdomen above hips on taking deep breath—Castor.

" Needles—stitching of needles or tearing in abdominal muscles on inspiration—CALC. C.

" Needles—needles stinging in abdomen—THUJ.

" Needles—dull needles stitching in right side of abdomen by navel—Verb.

" Needles—many needles in abdomen—Verb.

" Needles—intestines pierced with fine needles—Zinc.

" Nails—spot in abdomen were seized with nails —Bell.

" Pencil—hard body like lead pencil were being forced upward and backward from bladder to kidneys—Sanic.

" Pieces—hard sharp movable pieces in abdomen—Bov.

" Pins—two pins sticking to the right of umbilicus—Ind. M.

" Pinched — navel pinched with pinchers — *Verat. A.*

" Plug—plug were lodged behind the umbilicus *Ran. Sc.*

" Plate—umbilical region covered with round cold plate—Tereb.

" Pressed—intestines pressed outward immediately below navel—BELL.

" Pressed—hard body pressed from within out in right inguinal region—Bell.

" Pressing—something pressing in sore spot in pelvis—MUREX.

" Pressed—bowels, bladder and rectum pressed by sharp instrument—NUX V.

" Pulled—abdominal walls were pulled inward—PLUMB.

" Room—there were not room enough in hypogastrium—Tarent.

" Retracting—abdominal walls were retracting against spine—Zinc.

Sensation as if Screwed — left inguinal region were being screwed together—Zinc.

" Screwed — pelvis were screwed together — Caust.

" Squeezed — something would be squeezed through right lower abdomen—CARB. AC.

" Sinking — intestines were sinking down and would be pressed out—Cann. Sat.

" Something—something were forced through a narrow space in abdomen—OP.

" Something — something alive in abdomen—Sabad.

" Something—something alive pushing out in ileus—*Thuj.*

" Something—something alive beneath skin of abdomen—Spong.

" Something—something would be pressed off below stomach—KALM.

" Something—something in pelvis rolling over to right side when lying on it—LACH.

" Something—something moved up and down in stomach and bowels—LYC.

" Something—something heavy lying in left side of abdomen—LYC.

" Something — something alive running and crawling in intestines—CYCL.

" Something—something rolling and tumbling in abdomen—CROC.

" Something—something living jumping about in the abdomen—CROC.

" Something—something tight in abdomen would break loose if effort were made to stool—APIS.

" Something—something lay in abdomen—Bry.

" Stone—stone pressing down in abdomen and small of back—PULS.

" Stone—stone pressing on umbilicus—Verb.

" Stone—stone rolled from navel to groin when lying on left side—LYC.

" Stone—stone lying in lower bowels—Diad.

Sensation as if Stone—abdomen stuffed full of stones—Ant. T.

" Stone—sharp stones rubbed together in abdomen—Cocc.

" Stone—heavy stone in hypogastric region—Cocc.

" Stone—intestines were squeezed between two stones—Coloc.

" Stone—heavy stone in abdomen—Chim.

" Stabbed—stabbed in the abdomen—Coloc., Op.

" Stabbed—stabbed in the right pelvic region—Coloc.

" Shook—bowels shook when walking, and had to be held up—*Merc.*

" String—abdomen constricted by a string—CHEL.

" Stick—stick with a ball on each end extended from throat to left side of abdomen—Kali. C.

" Sunken—abdomen were sunken—Sabad.

" Tapped—some one tapped her hard on groin—Therid.

" Thread—ball of thread moving and twisting in abdomen—Sabad.

" Thread—thread cutting in belly toward center—Cepa.

" Tied—intestines were tied up, with burning—ARS.

" Tight—skin were too tight across lower part of abdomen—Calc. Sul.

" Torn—intestines would be torn apart on walking—All. S.

" Torn—intestines were torn or cut—Asaf.

" Torn—everything would be torn to pieces in upper abdomen—GRAPH.

" Torn—intestines were torn below navel—GRAPH.

" Torn—abdomen torn to pieces—Kali. C.

" Torn—navel were to be torn out—Stram.

Sensation as if Torn—abdomen would be torn open—VERAT. A.

" Torn—intestines adhered to anterior abdominal wall and were torn away—Verb.

" Torn—everything in the umbilical region was being shattered and torn—NUX V.

" Twisted—intestines were twisted in different directions—Pallad.

" Twisted—bowels were twisted—PLUMB.

" Twisted—intestines twisted into a knot—VERAT. A.

" Twisted—intestines were twisted by a cord and strung in knots—Elaps.

" Torn—something torn loose in abdomen—RHUS. T.

" Vise—bowels were in a vise—COLOC.

" Vise—parts in left ovarian region were squeezed in a vise—COLOC.

" Water—hot water poured from chest into abdomen—*Sang.*

" Water—intestines filled with water—Conch. Cont.

" Water—intestinal canal were full of water—KALI. C.

" Water—boiling water poured over small of back and through pelvis—*Verat. V.*

" Water—hot water poured into lower bowels—IP.

" Water—drops of water falling in abdomen—LYC.

" Water—hot water filled the pelvis—Aloe.

" Water—hot water running down in abdomen—CHIN.

" Water—cold water passed through the intestines—KALI. C.

" Weight—weight hanging across pelvis and bladder—NAT. M.

" Weight—heavy weight came into pelvis, low down—KALI. C.

Sensation as if Weight—heavy weight in pelvis pressing downward and backward—Kali. P.

" Wind—abdomen were full of wind—Carb. Ac.

" Wind—wind in bowels and uterine region—HYDR.

" Worms—worms crawling in abdomen—*Calc. C.*

" Worms—a long worm were writhing in region of transverse colon or duodenum—CALAD.

" Worms—worms crawling up and down in abdomen, and were biting and gnawing the parts—*Dulc.*

" Worms—worms gnawing about umbilicus—Grat.

RECTUM, ANUS, STOOL AND PERINÆUM.

" Ball—sitting on a ball in anus—Can. Ind., Chim.

" Ball—ball pressing on perinæum on sitting—CHIM.

" Ball—ball in anus—SEP.

" Body—anus and part of urethra were filled up by a hard round body—Can. Ind.

" Constricted—rectum constricted—ALUM.

" Cut—arms were cut—NUX V.

" Done—he never would get done—stool—MERC.

" Drawn—rectum was drawn and contracted—Pulex., Init.

" Drawn—sphincter ani was drawn in—*Plb.*

" Drawn—anus drawn up into rectum—Iodof.

" Escape—stool would escape while passing wind—ALOE.

" Escape—thin stool would escape while passing flatus—ALOE.

" Feces—feces ascended to chest—LACH.

" Gas—rectum was distended gas—*Igt.*

" Grown up—one side of rectum was grown up—*Rhus. T.*

" Hammers—little hammers throbbing in anus—LACH.

" Knives—knives in rectum—Calad.
" Knife—homorrhoids split with a knife on taking a wide step—GRAPH.
" Knife—knife stabbing in anus—RATAN.
" Lead—boiling lead passed through rectum during stool—THUJ.
" Liquid—rectum full of liquid which feels heavy and would fall out—ALOE.
" Lodged—feces lodged in rectum—CAUST.
" Lump—heavy lump in anus—SIL.
" Lump—lump lying in perineal region—Therid.
" Needles—needles sticking in anus during stool—CARB. V.
" Needles—sitting on needles—GUAIC.
" Needles—rectum pierced by needles—MAG. C.
" Needles—fine needles stitching in rectum—Thuj.
" Needles—needles in rectum—Medorr.
" Open—anus were constantly open—*Apis.*
" Open—anus were open—PHOS.
" Out—everything coming out at anus, after stool—Throm.
" Pass—whole body would pass away with the stool—ROBIN.
" Pepper—pepper were in anus—DULC.
" Pepper—pepper sprinkled on hemorrhoids—CAPS.
" Plug — plug wedged between pubes and os Coccygis—ALOE.
" Plug—plug in anus—Bry., CROT. H., Kali. Bi., LACH.
" Pin—hat pin through rectum from os Coccygis—Carb. V.
" Poker—red hot poker thrust up rectum—KALI. C.
" Pressing—something dull pressing out in perinæum—ASAF.
" Pressing—something pressing out of rectum—SEP.

NOTES FROM CLINIC OF PHILADELPHIA POST GRADUATE SCHOOL OF HOMŒOPATHICS.

SERVICE OF F. E. GLADWIN, M. D., H. M.

Aug. 22, 1891.—Mrs. E. B.—Age 37, 1017 O. St.

Medium height, slender, brown hair and eyes. Weighs about a hundred pounds. Mother of seven children.

Has always been under Old School treatment. Wants to know if "Homœopathy can do anything for Asthma."

"Suffocating spell" began during third pregnancy about eleven years ago, and returned with each succeeding pregnancy, but disappeared with each delivery. Returned nine months ago on the death of her little daughter and has continued ever since, steadily growing worse under Old School treatment. Comes after supper at times, but more often awakens her at 12 or 12:30 a. m. Must get out of bed and go to the window wheezing, coughing, smothering, almost impossible to get breath; breathing can be heard all over the house.

Suffocating spells.

<Damp days.

<Wash day, can never get through washing without sitting down to get breath. Whenever goes up stairs must stop and sit down to get her breath.

>Sitting bent forward.

Cough violent on awakening at 12 or 12:30 a. m.

>Expectoration.

<Suffocation if can't expectorate.

"Nervous" sensation of lump in throat, must keep continually swallowing.

Involuntary sighing.

Grieves constantly for her child.

<Dispnoea.

Hemorrhoids began with first pregnancy and has had them occasionally since, but not for some time (cured? by the old school.)

Lach. 41m. Abscess in right lung two years ago and another soon after the death of her little daughter.

Sept. 4.—Tickling in throat constant, with constant cough-

ing for three days after taking the Lach. then improvement for eight days when symptoms returned, though not quite as severe as before the remedy, steady improvement ever since.

Sept. 12.—No suffocating spell for two weeks, not even on wash-day.

"Can *run* upstairs now."

Oct. 24.—Symptoms growing steadily worse since Oct. 3. Lach. 41m.

Oct. 31.—Suffocating spells and cough shorter and less frequent.

Weight in pelvis <at stool (old symptom returned).

Nov. 14.—No more suffocating spells.

Coughing every other night.

Nov. 21.—Strange feeling began in stomach and went to chest (old symptom, and had been cured under Allopathy).

Dec. 5.—Heaviness across chest.
Stiches <long breath.
Cough gags her.
Vomits phlegm.
} Had these symptoms at beginning of abscess in lining.

Homorrhoids.

Shooting pains like knives cutting, shooting to waist.

Stinging and burning in arms constant, <after stool.

<Standing.

<Walking.

Beating like little hammers in anus <during menstruation.

Desire for stool but stool is prevented by these knife like pains.

All this once cured (?) by the Old School treatment.

'92, Feb. 20.—"Big toe joint swollen, red, gathered, since here, but is all right now. Had a bunion once before, but cured it with salve."

No hemorrhoids for three weeks.

Feb. 27.—Smothering and cough returned. Has been moving and cleaning and has taken cold.

March 5.—Much improved.

March 26.—Slight palpitation (old symptom).

Nervous trembling (old symptom).

June 4.—Suffocating spells occasionally since May 1.

Cough returned.

Hemorrhoids returned. Lach. 41m.

June. 11.—Improved every way.

July 5.—Was quite well until June 26, when had one suffocating spell.

July 23.—One suffocating spell a week ago, after a fright.

Has not menstruated since June 6.

Nausea.

<Morning.

<Odor of coffee.

Sept. 6.—Abortion Aug. 14 produced by heavy lifting. Hemorrhage very profuse, was afraid would bleed to death, but took no medicine, because couldn't have Homœopathy, and wouldn't have anything else.

Sept. 10.—Coughing again for three nights. Tightness across chest <night.

Lach. ^{cm}.

Sept. 17.—Improved every way.

Oct. 1.—Chilliness for last three days. Goose-flesh on arm.

Nose cold.

Headache, followed by heat.

Sweat.

Oppression in chest—tightness. Belching.>

Mucous in throat.

Smothering spells.

Nervous.

Dec. 6.—Steady improvement and today says she is well.

Discharged until dyspnoea returns.

April 14, 1894.—Called upon her today, says she is very well, cough entirely gone, has had no suffocating spells since reported at dispensary Dec. 6, '92.

Aug. 14, 1893 was delivered of fine girl weighing sixteen pounds. No sign of the "asthma" during the pregnancy.

Hemorrhoids returned after the birth of the child but disappeared without treatment.

EDITORIALS.

It has been thought best to establish a regular date of issue instead of having the journal appear on or about or after the middle of the month; so hereafter the subscribers of the ADVANCE may expect to receive their journals about the 15th of each month. One advantage in having it appear in the middle of the month is the fact that very few journals are issued at that time, thus giving the ADVANCE a clear field and the undivided attention of each subscriber. The irregularity of the appearance of this journal in the past has been exceedingly annoying both to the publishers and to the readers, but has been unavoidable.

* * *

For the past year efforts have been made by the editor to secure the valued articles on Materia Medica by Prof. J. T. Kent, of Philadelphia. Persistent effort has finally been rewarded with the promise of much more than was expected. Hereafter as a regular feature of the journal will appear a leading article on some remedy, by Prof. Kent, and a special department of the work in the Post-Graduate School, under a heading "Notes from the Philadelphia Post-Graduate School of Homœopathy," with a regular corps of contributors, furnishing valuable instruction in clinical medicine. In addition to this arrangements have been made for the publication of the reports of the Organon Society, also of Philadelphia. This Society meets every month except July, August and September.

* * *

The price of the Repertory now appearing in the MEDICAL ADVANCE, substantially bound and delivered to any part of the United States, will be $1.00 post-paid. It is expected that this Repertory will be completed by September and be ready to deliver by the 1st of October.

CO-OPERATIVE INVESTIGATION.

We have devoted space in two recent issues to the interesting features of Modern Medical Research, as manifested in "Sajous' Annual" (The F. A. Davis Co.) A prominent Pro-

fessor of Biology recently remarked—"It does for medicine what is done for no other science." In fact, the more this work is investigated the more the immensity of the labor accomplished is revealed. The capacity for investigation, of one man of educated powers, is great. The "Annual" combines the researches of more than *three score medical teachers*, placing in their hands all the contemporary literature of the years, —only asking them to utilize their specially trained faculties for the profession's good.

It is by this distilling process that the vast crude mass of medical ideas is brought in shape for absorption by the general profession. Take the consideration of Pathology, of Bacteriology, of Neurology, of Obstetrics and Diseases of Women, of Surgery in all its branches, of Ophthalmology and its collateral branches, Electro-Therapeutics, Hydro-Therapy, &c., &c. To what physician can this masterly resume of these branches fail to be useful? And where else can it be found at once complete and concise?

The "Annual" is truly a most ingenious invention, and has brought into active co-operation a vast array of medical talent. For the physician, a combination of this great time-saver and the Homœopathic Law of Cure can work marvels. The result of the labors of the closest observers of the "Old School" in so concise a form is certainly a vast improvement over the ordinary dreary volumes of Etiology, Prognosis and Treatment.

COMMENCEMENTS AND RE-UNIONS.

ADDRESS OF PRESIDENT TELFORD BURNHAM AT THE SECOND ANNUAL COMMENCMENT OF HERING MEDICAL COLLEGE, CHICAGO, APRIL 10th, 1894.

LADIES AND GENTLEMEN:—

Another year of progress and prosperity has been added to the short but promising history of Hering Medical College. The number of its students has considerably increased. Its present graduating class, though not large, is double that of last year. Its equipment and facilities for affording sound and

thorough instruction in the various departments of medical education have been much improved—especially in chemistry and microscopy—in which latter its equipment may now be said to be superior.

Its dispensary service has been greatly increased, and has furnished ample and varied material for clinical instruction, besides providing wise and skilful treatment for several hundred patients free of charge.

It has also equipped and opened its own hospital which, though small as compared with that it is expected to provide in the future, is a model institution of its kind in many respects, and has been well patronized by medical and surgical patients.

These substantial evidences of its progress, together with the fact that several important and valuable additions have been made to its faculty during the year, give great satisfaction to the friends of Hering College, and are gratifying evidences of the high position it is designed to occupy among medical colleges, if only its past rate of progress is maintained. And it is, and I hope always will be, the fixed and earnest purpose of all connected with the management of Hering College that it shall stand for sound and thorough learning, and wise, safe and consistent practice in all departments of medical education and work. And I am sure their aim will always be to maintain and advance the high standard of its faculty, for which it has already attained an enviable reputation. For they must ever recognise the fact, that as it was true in the groves of the Academy at ancient Athens, in the great centers of art and learning in Continental Europe and in the school of the great Arnold in England, so it is true in this Western center of progress—that the noblest results in education are attained, not so much by the written lecture or the learned treatise, as by the personal instruction and personal example of the great teacher, and the adaptation of his instruction to the special needs and characteristics of the individual student.

I am happy to be able on this auspicious occasion to congratulate the friends of Homœopathy upon its steady growth and progress throughout the land. It is now represented on the State Boards of Health and in the public institutions of nearly all the States in the Union. The light of its truth has flashed around the earth; and it is now shining in India, where

there are able and learned homœopathic physicians, and where hospital and dispensary service has been established under homœopathic control. And here in this city alone we have now four homœopathic colleges, all in flourishing condition, differing, it is true, in the degree of strictness and consistency with which they follow the precepts and principles of the great founder, yet all claiming to be homœopathic.

When I consider all this, and remember that in the recollection of many of us here present homœopathy was the by-word and the joke even of the medical profession, I am convinced that its history is to present another instance of that which has so often happened in the intellectual progress of men: "The stone which the builders rejected has become the head-stone of the corner." And while I hear the mutterings of ignorance and prejudice dying away in the distance, and contemplate homœopathy's present proud position, I am reminded of that magnificent simile of Goldsmith:

> "As some tall cliff, that lifts its awful form,
> Swells from the vale, and midway leaves the storm,
> Though round its breast the rolling clouds are spread,
> Eternal sunshine settles on its head.

NOW FULL-FLEDGED DOCTORS.

The Homœopathic Medical College of Missouri, held its thirty-fifth annual commencement at the Pickwick Theatre. The exercises were attended by a very large assemblage of ladies and gentlemen, many of whom were relatives and friends of the graduates.

The officers of the college are W. A. Edmons, President; A. H. Schott, Vice President; L. C. McElwee, Secretary; N. O. Nelson, Charles Cabanne, James B. Case, I. M. Mason, F. W. Brockman, A. B. Howard, E. O. Stanard and F. G. Niedrinhaus, Honorary Board of Trustees; W. C. Richardson, Dean; and L. C. McElwee, Registrar.

The graduates were Wm. H. Badger, Robert E. Graul, Edward J. Hall, Alfred W. Haywood, Louis W. Minick, John M. Lockhead, George C. Mohler, Scott E. Parsons, Ralph B. Raney, Jesse S. Sargent, Thomas M. Turner, Marguerite G. Squire, Ada Walton and Mary E. Wolfer.

COMMENCEMENT OF SOUTHERN COLLEGE.

At its third annual commencment, held in April, at the Lyceum theatre, the Southern Homœopathic Medical College of Baltimore, sent out twelve graduates. The class is the first to finish the full prescribed course of the college. It included two young ladies.

Mr. Levi Z. Condon presided and awarded the degrees to the following graduates:

Maryland—Miss Mary H. Darrell, J. Arthur Clement, J. Oliver Hendrix, James LeCompte Hooper, William M. Panebraker, John A. Shower, Miss Garapheillia Wareheim.

Washington, D. C.—Edwin S. Lothrop, Frank A. Swartwout.

Virginia—J. Holmes Branson.

Pennsylvania—Horace L. Fair.

New Hampshire—Maurice G. Wiley.

HOMŒOPATHIC DOCTORS' BANQUET.

The annual reunion and banquet of the Alumni Association of the Homœopathic Medical College of Missouri was held at the Mercantile Club in St. Louis. A number of distinguished guests from abroad were present. The officers for the ensuing year were elected as follows: Dr. James A. Campbell, President; Dr. C. J. Luyties, First Vice President; Dr. W. A. Edmonds Second Vice President; Dr. W. B. Thompson, Secretary, and Dr. C. A. Carriere, Treasurer. Dr. W. C. Richardson acted as toastmaster, and the following toasts were responded to: "Our College," W. A. Edmonds; "Advances in Medicine," A. Merrill; "The Alumni Association," W. John Harris; "The Physician as I Have Known Him," Rev. John Snyder; "Surgery and Homœopathy," W. B. Morgan; "Homœopathic Literature," Irenæus D. Foulon; "Student Days," A. H. Schott; "The New M. D.," J. S. Sargent.

The commencement exercises of the Homœopathic department of the State University of Iowa, took place at the Opera House, at Iowa City, March 13, at 7:30 p. m. The faculty and class were in the customary academic cap and gown, which is now used in all departments of the University.

Dr. A. P. Hanchett, of Council Bluffs, gave the address on "Why are we Homœopaths?" which held the attention of the large audience to the close.

The President then conferred the degree of Doctor of Medicine on the class, and afterwards presented certificates to two graduates of the nurses training school, Oliva S. Larson, of Mt. Pleasant, Utah, and Grace S. Stauffer, Lebanon, Penn. This feature of the exercises was somewhat of a novelty, and added much to the interest of the occasion.

After the exercises were concluded, Dr. and Mrs. Gilchrist entertained the graduates, faculty, visiting physicians and others.

The following are the graduates: Carl F. Aschenbrenner, Dysart; Caroline S. Beaver, Madison, Wis.; Adelaide E. Cornwell, Farmer, N. Y.; Edward J. Everett, Atlantic; Ralph Waldo Horman, Corning; Frank W. Horton, Belmond; Francis M. Isom, Red Cloud, Neb.; Jay M. Killborne, Sioux city; Adele Pauline Kimball, Iowa City; Eleanor W. Rosan, Chicago, Ill.; Alice I. Ross, Waubeck; Frank L. Vandeveer, Andalusa, Ill.; George A. Vint, Hindsboro, Ill.; John W. Wilson, Grundy Centre; Archie C. Woodward, Moline, Ill.

The commencement exercises of the New York Homœopathic College and Hospital were held in the Mendelssohn Glee Club Hall, 40th street near Broadway, May 3d, 1894. Prof. St. Clair Smith delivered the address for the faculty, and Louis D. Hyde, M. D., was the valedictorian. The graduating class will number about forty-five men.

L. L. DANFORTH, Secretary.

SOCIETIES.

THE EIGHTEENTH ANNUAL SESSION OF THE MISSOURI INSTITUTE OF HOMŒOPATHY, AT ST. LOUIS, APRIL 17, 18 AND 19.

Last year it was at Kansas City. This year it was St. Louis. Next year it will be Kansas City again.

I left Chicago on the evening of the 16th in company with two great editors, namely, those of *The American Homœo-*

pathist and THE MEDICAL ADVANCE. The editors kindly permitted me to sit across the aisle from them, and offered no objection to my appropriation of such chunks of wisdom, morsels of wit and gems of humor as fell from their lips and rolled down upon the floor. Dr. Kraft was accompanied by his little daughter, Ona, in whom are visible many of the traits of her distinguished father.

We finally arrived at St. Louis; of course we made the usual happy remarks when the minions of the late Mr. Jay Gould met us at the near end of the big bridge and gauged us for the usual quarter. It is a fact that the nasty little dig at that bridge has cost St. Louis millions of money and lost it tons of brains. No journalist ever fails to take a fling at the city on account of it and—well, people come to Chicago instead of going the other way.

After a temperate breakfast I repaired to the convention hall at the Lindell hotel, and just here let me implore the future committee on meeting place to go somewhere else next time. By all means get off the car lines, if such a location can be found in St. Louis, even in the suburbs. The uproar outside the hall was deafening and confusing beyond endurance. The eternal clatter of hoofs, the merciless clanging of gongs and the unspeakable whirr of the trolley wires are a little more than ordinary mortals can endure in silence. The hotel probably gave us the best it had, but the best in this instance was the poorest imaginable.

Kansas City was represented by a strong delegation—as it always is. Delap and Runnels, Forster and Foster, Brady and Neumeister, Cartlich and Hudson, Cutler and Croskey, were active and energetic workers.

St. Joseph sent its two "gems," Westover and Ravold, the latter being the incomparable general secretary of the Institute.

St. Louis, of course, was well represented by its local practitioners: Lizzie Gray Gutherz, first vice-president of the Institute; Wm. C. Richardson, dean of the St. Louis Homœopathic College; L. C. McElwee, registrar of the same institution; S. B. Parsons, the man with the "eye of an eagle, the heart of a lion and the hand of a woman"; William B. Morgan, who drinks milk instead of beer; J. Martnie Ker-

shaw, who is a "nervous man" without being nervous; and the scholarly and honored T. Griswold Comstock, who is in many respects a leading attraction of St. Louis. Dr. Comstock speaks Latin, French and German, as well as he speaks English, and this is saying a great deal.

The visiting statesmen present were numerous and distinguished. W. E. Green, Chas. E. Walton, O. S. Runnels, E. H. Pratt, W. A. Dunn, Sheldon Leavitt, and others from a distance, added greatly to the value and interest of the meeting.

President Cutler and Secretary Ravold made a magnificent record on the platform. Prof. Frank Kraft, of Cleveland, reported the proceedings stenographically and furnished to the press committee a detailed account of each session.

The St. Louis papers treated us much better than those of Kansas City treated us last year, but still there is some work to be done by future press committees. It is always best to interview the city editors in advance; interview them several times if necessary, and have a liberal amount of space guaranteed before the meeting is called to order.

Dr. S. B. Parsons is a "host"—and one whose nod of the head means something. On the evening of the 17th he was surrounded by as genial and brilliant a gathering as generally gets together under one roof. Green, Walton and Monroe were sadly missed; for no company can be said to be complete without them. To return to an old sentiment, "Long live Parsons."

Thomas H. Hudson, as previously noted by THE ADVANCE, has been appointed a member of the Missouri State Board of Health by Gov. Stone. That he will serve his constituency faithfully is a certainty.

Campbell and Delap are the two best-looking eye and ear men in Missouri.

First Editor: "What is Pratt doing now?"

Second Editor: "Well, sir, he is making history—hysterectomy."

First Editor expires.

William A. Forster is one of the best surgeons to be found anywhere. He is a splendid diagnostician, rapid and skillful operator, and a close follower of the law of similars.

Henry Croskey says that the longer he lives and the more sick people he sees the more he believes in the practice of pure homœopathy.

Henry J. Ravold, of St. Joseph, is the Napoleon of secretaries, and his unanimous re-election was most creditable to the good judgment of the Institute.

C. E. Fisher, editor of *The Medical Century* of the United States of America, was on hand and added greatly to the enthusiasm of the meeting.

Walton, of Cincinnati, grows handsomer, if possible, with years. He and Green are frequently mistaken for each other when "the best-looking in the Institute" is referred to.

Pratt as a speaker reminds one of Victor Hugo as a writer; O. S. Runnels calls to mind the movement of a great vessel in the water—calm, easy, irresistible; and Walton revives memories of Demosthenes himself.

After St. Louis, Denver, where we all hope to meet in June to attend the great American Institute meeting. Come!

H. C.

AMERICAN INSTITUTE OF HOMŒOPATHY—OFFICIAL ANNOUNCEMENT.

The Transportation Committee of the American Institute of Homœopathy takes pleasure in announcing that it has made unusually satisfactory arrangements with the railroads whereby members attending the Denver meeting, June 14-22, can reach that city and enjoy a vacation in the Rocky Mountains at a minimum of expense, and with unusual pleasure and comfort.

From the Atlantic seaboard the Trunk Line Associations tender the usual fare and a-third for the round trip to the eastern terminal of the Western Passenger Association's territory, St. Louis and Chicago. This may yet be reduced to one fare.

From Chicago and St. Louis the committee has contracted with the Chicago & Alton–Union Pacific combination to take us to Denver in an "American Institute of Homœopathy Special," composed of the finest passenger and sleeping car service running out of those cities. This line, the best leading from Chicago and St. Louis to Denver, and the most direct from those cities, has made for the occasion a thirty-day ticket, that we may have the pleasure of a summer vacation in

the Rocky Mountains, and a one-fare rate for the round trip. They further give to all who hold tickets over this official line a complimentary excursion to Silver Plume Mountain and return, compassing the world-famed Georgetown Loop. Their experienced agents will attend to all the railway business of the convention, thus avoiding the dissatisfaction and annoyances incident to the management of railway matters by this committee, wholly inexperienced in the complications belonging to the passenger department of railway details. The Official Line also saves the Institute several hundred dollars by printing at its own expense the very handsome official circular of this Committee, of which ten thousand copies are being sent to physicians whose names have been furnished by us.

In consideration of these facts it is the desire of your committee that all who contemplate attendance upon the Denver convention shall reciprocate the courtesies extended the Institute by the line selected by journeying in a solid railway caravan "Across the Plains." The itinerary embraces a start from Chicago on the evening of June 12th, Tuesday, at six o'clock, in a magnificent "American Institute of Homœopathy Special." This train will arrive at Kansas City Wednesday morning, and will there be joined by the delegations who find it more convenient to go via St. Louis. The start from that city will also be made on Tuesday evening at 8:40 p. m. The parties will unite at Kansas City on the morning of Wednesday and will journey together through Kansas by daylight, arriving at Denver on the morning of Thursday, June 14th. The railway service is to be of the very best in every particular, and special dining cars are to be run for the convenience of the tourists, thus avoiding the necessity of making stops for meals. Special fast time will be made, our train stopping only at leading points along the line. The itinerary takes us through the most delightful part of Kansas, and early in the afternoon the climb on the high prairies of the western part of the State begins.

Since the announcement of a one-fare rate by the Alton and Union Pacific, other roads leading to Denver have fallen into line, so that members living along them all will have the benefit of the reduced fare. But the line selected has made the rate for us, gives us the very best that is to be had in the way

of train service, accommodations, time, and side trips in the Rockies, and the pleasures of journeying in a family caravan, making the trip a faternal one. These inducements should result in its selection by all who contemplate attendance upon the convention.

A special party is forming in New York, under the management of Dr. A. B. Norton, 36 West 40th street, to travel over the Pennsylvania line to St. Louis, there to take the Chicago & Alton, journeying thence to Kansas City, where it will join the Official Train from Chicago on the morning of Wednesday. Another party under the management of Dr. W. A. Dewey, 170 54th street, New York, is forming to journey from the northern part of that State and New England via the Michigan Central to Chicago, here to join the Official Train on the even ing of Tuesday, June 12th. Applications for sleeping-car accommodations in these parties should be made early to Dr. Norton or Dr. Dewey. At Philadelphia, Dr. W. W. VanBaun, 419 Pine street, representing the committee as its member for that city, will receive applications for sleeping-car accommodations over any of the lines leading to Chicago and St. Louis, and at Pittsburgh, Dr. L. H. Willard, Allegheny, member of the committee for those cities, will perform like service for members applying to him. At Denver Dr. J. M. Walker, of the committee, will serve members living in the west, and at San Francisco Dr. George H. Martin will perform like service for the Pacific Coast. Applications for accommodations from Chicago or St. Louis should be made to the undersigned at 31 Washington street, Chicago.

In Colorado a number of excursions are in contemplation. The Colorado and Utah lines all tender a one-fare rate and fifteen-day ticket, with stop-over privileges in each direction, and the Yellow Stone park tickets on sale at Denver during the summer give all who wish it a chance to visit that delightful spot at reasonable cost. For those who contemplate a visit to the Pacific Coast nothing better can be had than the regular Mid-winter Fair ticket, on sale everywhere. In purchasing these members should see to it that their tickets read via the "Chicago & Alton and Union Pacific" from St. Louis or Chicago, in order to have the pleasure of traveling with their fel-

low-members and of enjoying the side trips of the Official Line.

From Omaha, members living in Minnesota, Iowa, Nebraska, and adjoining States, will find the one-fare rate of the Union Pacific to Denver advantageous, and only holders of tickets over that line will be tendered the pleasures of the complimentary side trips of the "Official Route."

C. E. FISHER,
Chairman Transportation Committee,
31 Washington St., Chicago.

AMERICAN INSTITUTE OF HOMŒOPATHY.

DENVER, COLO., April 2, 1894.

The executive committee of the American Institute of Homœopathy has named Thursday, June 14, 1894, as the time for the opening of the Semi-Centennial Session.

Concessions in railroad fares will undoubtedly be secured to Denver from all directions.

Ample hotel accommodations, on the American plan, have been secured at the Brown Palace Hotel, which is the Institute headquarters. Very desirable rooms can be secured at the Metropole on the European plan. If less expensive accommodations be desired, full particulars can be obtained from Dr. W. A. Burr, chairman of the hotel committee, to whom should be addressed all communications relative to the securing of rooms, etc.

Negotiations are pending for liberal concessions on rates to all points of interest in the Rocky Mountain district, among which may be mentioned the famous "Loop," Pike's Peak, Pueblo, Colorado Springs and Manitou; Cripple Creek, Leadville and Aspen; "The Circle," Salt Lake City, Ogden, etc.

The various sessions of the Institute will be held in the First Baptist Church, located only a few rods from the headquarters.

The "Meissen," through its local committee of arrangements, is taking active steps to entertain the visitors in a manner befitting the occasion, the demands of the hour, and the dignity of the Queen City of the West.

The order of business is not yet arranged, but a special

Jubilee program may be confidently expected. In point of fact, the Local Committee of Arrangements and its Sub-Committees, will spare no time, pains, nor expense in making the coming meeting a red-letter time long to be remembered.

It is desirable that the Committee be informed, approximately, as to the number of visitors and members who are likely to attend. In view of this fact will you kindly write to us as soon as possible after the receipt of this communication whether we may expect you at the time, and by whom accompanied?

Believing that the mountain region has much to interest you, knowing that Colorado will greet you with her usual sunshine, and anticipating that the Semi-Centennial "meet" will assume a never-to-be-forgotten importance, we await your reply,

LOCAL COMMITTEE OF ARRANGEMENTS.

The annual meeting of the Homœopathic Medical Society of Ohio will be held in Toledo, Ohio, May 8 and 9, 1894. Reduced railroad rates; an excellent program of medical essays; a social program in charge of the Toledo physicians, and a good time generally. Physicians from other States invited. Application blanks for membership may be obtained in advance. DR. THOMAS M. STEWART, Secretary, 266 Elm street, Cincinnati, Ohio.

The International Hahnemannian Association will meet at Niagara Falls, New York, June 19th. An attractive program is being prepared, and all indications point to an enthusiastic and successful gathering. Address all communications in regard to same to Dr. Howard Crutcher, Secy., 1102 Columbus Memorial Bldg., Chicago, Ill.

A COURTLY REPLY.—One day as Sir Isaac Heard was with George the Third, it was announced that his majesty's horse was ready to start for hunting. "Sir Isaac," said the good monarch, "are you a judge of horses?" "In my younger days, please your majesty," was the reply, "I was a greal deal among them." "What do you think of this, then?" said the king, who was by this time preparing to mount his favorite, and, without waiting for an answer, added, "We call him Perfection." "A most appropriate name," replied the courtly herald, bowing as his majesty reached the saddle, "for he bears the best of characters."—*The Argonaut.*

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MATERIA MEDICA AND THERAPEUTICS.

CHAMOMILLA.

PROFESSOR J. T. KENT.

One of the first things we will observe in studying a Chamomilla proving throughout is its over-sensitiveness to pain. You will be struck at the first glance—among the first things you will observe will be the extreme force and expressiveness of the symptoms; the intensity of the expressions all through. The sufferings are expressed in adjectives that are intense as to suffering, and so the Chamomilla patient is intense. You will notice after listening to her story—if not the first time, after several times—the wonderful intensity with which she feels her feelings and her pains. It seems she has more symptoms than you can rationally conclude such a disease would have; she has greater sufferings than you would suppose such a disease could produce, and you will at once see it is due to the over-sensitiveness of her nerves.

This over-sensitiveness runs through the remedy in general as to hearing, as to taste—sometimes as to sight—as to the touch of the skin, as to enjoyment. An intense person, an enthusiastic person, one who thinks and acts speedily and who suffers intensely. After reading Chamomilla all through, without a pause, and then closing the book, you will say these things I have said about it are so. Now that is the first.

The mental state is also full of this intensity; touchy from the slightest disturbance, from the slightest contradiction, and from this it goes to an inability to be pleased or to think joyfully upon anything. Irritability, snappishness, peevishness.

No matter what overture you make to the man, woman or child who is in the Chamomile state it does not please; he shrugs his shoulders and manifests peevishness. Even a hand to ease him will meet only with a look of annoyance. This is marked in many ways. This mental disturbance is found in many diseases; this irritability of temper. Especially is it marked in the labor pains of parturition. The woman is so snappish in the first stage of labor that she will not permit the doctor to make an examination. She will drive the doctor out of the room—and if he is wise he will go at once—and in a few moments she will want him to come back again. The ordinarily mild woman will be so snappish she will cover him with abuse—scolding is really a mild way to put it—the anger, the irritability, the peevishness are so marked that she is fairly insane with it. She will tell the doctor her opinions of him,—not merely look them—and her opinions are very bad. She is just as changeable as can be. She is not satisfied if the doctor lets her alone, and she is not satisfied if he attempts to relieve her. But, as the pains become more regular, she has her attention called in another direction. A dose of Chamomilla will make her stand these pains like a soldier; she will be entirely changed by a dose of Chamomilla. You see the mental desire for things which, when received, she objects to.

You will see the same mental state in the child; you will see it continually changing its location. It wants the father to carry it, and then the mother must carry it, and then it wants the nurse. The sickness has probably been caused by cutting a tooth or a threatened diarrhoea. It is ameliorated by being carried, but it must be changed about from one individual to another and if there is only one individual to carry it, it will finally not be ameliorated by being carried. Bryonia has this craving for change, but it craves something to eat. Chamomilla wants a toy, and when it gets it throws it away; Chamomilla is a mental symptom. There are certain babies who, when teething, have excoriations about the anus, and, in the female little one, about the vulva, with this disposition—you will find these symptoms under Creosote.

Put these two features together—this kind of irritability and this over-sensitiveness to pain—and go through the human

body, and the cures that can be made are wonderful. Sometimes in patients whom you know are suffering you can gather nothing but these two great features, and then this image of Chamomilla stands out in bold relief.

Congestive headaches, much like Belladonna, attended by dilated pupils, hot hands, hot head, glassy, staring eyes. Child sleeps with eyes half open, and cries out in sleep. The Chamomilla child who has these symptoms takes cold easily. In sleep it will often lie with one cheek red and hot and the other pale and cold, and this may go from one side to the other. When the child is awake, look for the Chamomilla symptoms—the over sensitiveness to pain. In sleep observe closely. In adults you will find troubled dreams and nightmare. The child wakes up filled with terror. The dreams are so real he wakes up and cannot be made to believe that it was not true. Nat. Mur. has this symptom also. A woman will dream that there are burglars in the house, and will not believe it was only a dream, until she has had the house searched.

Chamomilla produced in these cases coryzas, running of the eyes (I mean lachrymation), copious, watery flow from the nose; in infancy, bloody watery discharges from the nose. Threatened ulceration of the cornea; inflammation of the lids; tumefaction and hard swelling of the lids; inability to open the eyes, and when the eyes are opened bloody water gushes out.

In earache, with this kind of a mental state—great sensitiveness to pain, and great screeching night and day; the child always putting his hand to his ear, and every now and then it will screech out and can be heard in the next room. The cry sounds as if it needs a good whipping, and if you pet it, it will screech worse. When I hear a Pulsatilla child cry, I always say "poor little thing!" but if it is a Chamomilla child, I say "Spank it!" Pulsatilla and Chamomilla are the two great remedies for earache in infancy; with the mild, gentle, good little creature who has an earache, Pulsatilla; with the opposite, Chamomilla. Now reason about that. Of course I do not mean give these remedies if you know of other symptoms in the child and you have the child under constitutional treatment, but if you get no other symptoms except

that the child has the earache, for these two medicines affect the ear in the highest degree. Neuralgia of the ear. Suppose you saw the child carrying its hand to its ear, and there was heat all over it, and the fever comes at 3 o'clock in the afternoon and lasts until after midnight, then the earache is not the thing to prescribe on; in this state you will think of Belladonna. Everything is clear cut if you know the remedy; if you do not know the remedy, it is not clear cut at all.

Probably the next common use of Chamomilla is in teething. The gums are sore and tumid; the teeth are slow coming through. The child has all the Chamomilla sensitiveness to pain and the irritability. You see the child awake and taken from one nurse to another and he is comforted. Take those that are relieved only by taking them into a cold room; that are worse at night when lying down, and who have a craving for cold water—then we have to distinguish between coffee and Chamomilla for they are both sensitive to pain and are both relieved by taking cold water into the mouth. I have distinguished between Coffee and Chamomilla by the aggravation from noise in another room; by noticing that the child would be greatly disturbed by some one else walking across the floor—that does not disturb the Chamomilla patient. Chamomilla is relieved by walking; Coffee is only relieved by cold water.

Bowel complaints in infants. Summer complaints. The stool is grass green, frequent, slimy, bloody, white slime mixed with yellow, yellow mucous. Now, we have the same general state,—over-sensitiveness to pain expressed in the tone, relieved by walking.

The next most striking things we come to are the conditions of pregnancy; conditions of menstruation; spasms of the uterus; most violent labor like pains during menstruation; copious clotted menstrual flow, sometimes offensive; cramps in the region of the uterus like labor pains; cramps and pains in the back; during labor, cramps and pains in the back; every time the child is put to the breast there is a cramp in the back—also Arnica and Pulsatilla. With this cramp in the back when the child nurses, you know how to compare Pulsatilla and Chamomilla—the mental state. Arnica by the sore

bruised feeling. You will at once see that it is not necessary to compare Arnica here, you will at once see the mental state. You do not need to see them compared to know that they have the mental state. Pulsatilla by the gentle, yielding condition of mind; she may be changeable and notional, yet there is lacking that disagreeable petulance that we find in Chamomilla.

You will see in course of time that all the remedies in the Materia Medica will loom up, and you will compare them one with the other. You will see the remedy in your mind, and you will make natural comparisons. If you compare remedies before you are prepared to do so, it is not natural comparison, and you will only memorize it.

In hysteria; in complaints of women that are over-sensitive to pain. I have a sensitive subject who was always having congestion of the liver and uterus—the most intense little creature I ever saw in my life—Chamomilla always relieved her. Chamomilla flies about from one place to another, always irritable, and never satisfied with anything. Always the desire for change.

Jahr gives a lot of conditions that have been cured with Chamomilla.

Let me speak of another thing that is very important. You want to know the use of Chamomilla in the secondary effects of Morphine. When a patient has been heavily dosed with Morphine ar Opium, they get into a state of stupor. Finally, as they come out of that stupor, the next day, they commence to get sick at the stomach, and the vomiting is simply dreadful; it seems as though they would throw up stomach and bowels the way they retch and strain and vomit. After vomiting the contents of the stomach they have great prostration, great sweat and exhaustion. Pretty soon on comes vomiting, every thing taken into the stomach is vomited. Chamomilla is always your remedy for that; you never need any other remedy. Chamomilla will stop that vomiting, and will make the patient feel good in a couple of hours, and she will bless you forever, for the suffering was dreadful.

A patient who has been drugged with Coffee, and who wants to stop it, you will sometimes have to antidote the secondary effects.

Chamomilla is the Morphine of Homœopathy in patients who are over-sensitive to pain, who are suffering from shock, who are irritable, have wakeful nights or horrid dreams head congested and face hot. They have lain awake nights until finally when they have fallen asleep there is a horrible nightmare, then at once think of Chamomilla.

Infants have convulsions added to these symptoms we have seen. You will not have to practice medicine very long before you will run across the good Chamomilla grandmother who feeds all babies Chamomilla tea; thinks it is good for babies. Those babies will go into convulsions if they are sensitive to Chamomilla, and then you will have to give it a dose of Chamomilla very high. Stop the Chamomilla tea. Chamomilla and Pulsatilla.

Another thing: Chamomilla produces inflammation of glands; glands of the neck in colds. Every time the baby takes cold, every time the child takes cold, it has enlargement of the glands. Every time it takes cold the cold settles in the liver, producing hardness and vomiting of bile with the Chamomilla mental state. Every time she takes cold, she has pains in the uterus. Rheumatic pains, twitching of muscles. The Chamomilla patient is a wonderfully nervous patient in general. As a rule they (the nervous symptoms) are nondescript; they are not characteristics ymptoms. There is a peculiar cross modality of opposites. Some of the symptoms of Chamomilla are better from cold; some are better from heat; it seems to have both symptoms. The toothaches and headaches are better from cold, the earache is better from heat. I have cured with Chamomilla the most distressing cases of quinsy, suppuration of the tonsils on both sides with rending pains going back to both ears. The only comfort they could get would be from lying on hot bags, and swallowing hot drinks. Generally, when the patient takes cold that settles in the uterus during the menstrual period, they get relief from heat, from the application of a hot water bag. Heat is more general and more common in remedies for a measure of relief than cold, and it seems to me that heat and cold are nature's own relief. It seems to me that the natives would be likely to resort to something cold or something hot if it felt good; so we have recorded them among the natural reliefs. I never shut

off the hot and cold, I ask which feels best, and that helps me to the remedy. It does not confuse the symptoms, and if it makes the patients feel better, why let them have it. But I do not like them to use wet poultices, do not let them use wet hot things, there is always the danger of taking cold when the poultice is taken off. Let them use dry heat; it is easiest: let them use a large rubber bag filled with hot water, it is easy to provide this in the cities, and it is often grateful.

AGARICUS MUSCARIUS.

HORACE P. HOLMES, M. D., OMAHA, NEB.

This remedy, though not appearing in Hahnemann's Materia Medica Pura, is the initial remedy given by him in his Chronic Diseases, and it is there classed by Hahnemann as an antipsoric. The remedy was first proved by Shreter and Stapf, later by Hahnemann and his students. Apelt followed with a still better proving and Hartlaub added the provings of Drs. Woost and Seidel. From this collection of material Hahnemann gathered the 715 symptoms which forms the article above referred to and to be found in the 1845 American edition of Chronic Diseases.

From a criticism published in Clotar Muller's Quarterly in 1859, many of the symptoms of the provings were deemed unreliable and stricken out. But the re-proving of the remedy by the Vienna Society confirmed the symptoms which had been questioned and they were reinstated.

Agaricus Muscarius is the name used by Hahnemann in his Chronic Diseases and by Hering in his Condensed Materia Medica. The latter author, however, in his Guiding Symptoms, adopts the title Amanita, but does not state his reason for changing the name. Dr. T. F. Allen, in his Cyclopeodia of Pure Materia Medica, incorporates provings of nine different members of this family and gives to Agaricus Muscarius the simple title of Agaricus. In this latter article are 2,496 symptoms gleaned from the authorities to date and 48 references given.

In the opinion of the writer, Agaricus Muscarius is a remedy but little used by the great mass of our homœopathic physicians. It seems to be seldom thought of in the many di-

seased conditions to which it is applicable. Again, physicians too often mentally limit the field of a remedy to the few affections to which they personally know it to be applicable. In my own experience I limited this remedy, for several years, to those dyspeptic troubles in which I found the symptom "*relief from eating*" a prominent characteristic. I had my attention called to Agaricus Muscarius in a case of atonic dyspepsia where there seemed a strong suspicion of cancer. The patient was a man of nearly forty years, was pale, haggard, anaemic, lean and lank. There was nausea, poor appetite, loss of spirits, irritable disposition, with faintness and languor in the forenoon equal to Sulphur. Over all these symptoms the immediate *relief from eating*—even a cracker or a crust of bread—was prominent. After several remedies, fairly well indicated, had been prescribed with little benefit, Agaricus Muscarius was prescribed in the 3^x and the relief was something almost magical. The remedy repeated at infrequent intervals seemed to effect a perfect cure. At least the patient is still living, now ten years since I prescribed for him, and in good health as far as his stomach is concerned. In this case I would say the analogues of Agaricus appeared to be Arsenicum and Sulphur, and in dyspeptic cases I would rank it with those two remedies and Nux Vomica and Lycopodium. It certainly is one of the grandest dyspepsia tonics we have. The peculiar symptom "much hunger but no appetite" occurs for you to wrestle over. The "all gone" feeling of Sulphur. The "soon satisfied" feeling of Lycopodium and also the "sleepiness after eating" of Lycopodium. The nausea, vomiting, burning in the stomach and thirst of Arsenicum. The vertigo, eructations and constipation of Nux Vomica.

My next use for Agaricus was in twitching of the eyelids. So many times have I used this remedy successfully in blepharospasm that I seldom think of any other, though the symptom is common to many remedies, especially Cicuta and Belladonna. Twitching of muscles is a characteristic of Agaricus and it makes little difference if the offending muscle be in the eyelid or elsewhere, the remedy is to be thought of.

One of my greatest successes with Agaricus was in a case of a little girl of seven years. It was about as complicated a case as I was ever called upon to treat. There had been pe-

riodic attacks of asthma; hay fever came annually and with it chorea. At one time there was the most serious endocarditis I have ever met with. This was brought under control by my friend, Dr. Hawkes, most beautifully with Lycopodium 1m. Later on the chorea remained very troublesome when I found Agaricus to cover the case thoroughly. It was given in the 1m and the result was marvelous. Since then there have been threatenings of the malady to return but it has been kept off by a few doses of the 200th. The father of the child has demonstrated positively that the 30th potency aggravates so that it is worse than useless in the case.

Chorea is one of the principal affections calling for Agaricus. Probably its nearest analogue in this trouble is *Mygale lasiodora.* The Cuban black spider. This latter remedy should be very carefully studied as it will be found very useful in nervous affections and especially those of choreic type.

The skin symptoms of Agaricus are often called upon to differentiate the remedy in nervous affections. These are the affections typical of frost-bite. There is burning, itching, redness, swelling. In many cases the terrible discomfort from chilblains I have relieved the trouble by applying Agaricus locally. This practice I find is more called for in rural districts than in the city as our city people do not seem to get frost-bitten so frequently. Intense itching of the skin is likely to call for Agaricus in any of the skin diseases. There may be miliary eruptions or hard nodules, sebaceous tumors or carbuncles, phagedenic or carious ulcers. Some years ago I had a horse taken sick with a disease new to the veterinarians and termed by them scarlatina. It was two years after the "pink eye" epidemic in Illinois. I find the prescriptiou quite accurately given in two symptoms of Agaricus in Guiding Symptoms under Skin: "Small nodules deep in skin, with cough, especially when eyes are also affected [horses]." The provings of Agaricus certainly show that it would be a grand remedy in the pink-eye and scarlatina of horses.

In perhaps no class of affections does Agaricus prove more tonic under homœopathic treatment than in sexual difficulties and especially loss of virility in the male. As the immediate drug effects are wildly stimulating and intoxicating, so the reverse effect is true—complete lassitude and languor. Under

homœopathic prescribing one can expect from Agaricus as great benefit in sexual stimulation as the old school claim for Damiâna. In the sexual sphere of woman there does not seem to be as many indications, probably for the reason that most all the provings have come from the male sex.

What might have been first spoken of, are the mind symptoms; but I preferred to deal with this remedy first in the line of my personal experiences. Agaricus is one of the wildest remedies to be thought of in the mind symptoms. Remembering the wildest symptoms of delirium tremens, and we have a possible picture of Agaricus. The Russians make a drink from this variety of toad-stool and the intoxication is rapid and intense. So potent are the effects and so great the craving for this stimulant that men have been known to drink the urine of those intoxicated with Agaricus in order to gain the stimulant where the supply has been exhausted. The stimulating effect of such urine seems about as potent as the original draught. The intoxication is wild, gay, dancing, loquacious, with prodigious strength and a general magnifying of distances and objects. The subject will jump high to get over a small object or far to get over a small hole that appears to him to be a frightful chasm. The intoxication is followed by a deep sleep that leaves the subject greatly depressed. In delirium with constant raving and efforts to get out of bed, this remedy will do good work. When the nervous system is affected by diseases so there are twitching and jerking of muscles with convulsions threatened or in fact, Agaricus is indicated. It is here analogous to Belladonna, Cina, Stramonium and Hyoscyamus. It has the delirium of the above remedies, the poisonous symptoms of Lachesis and Tarentula, the cold, icy feelings of Calcarea carb. and Veratrum album, and the pains of Pulsatilla and Rhus.

Dr. Th. Ruckert wrote an essay comparing the symptoms of Agaricus with those of incipient tuberculosis. It would be well for us to keep in mind these symptoms and to carefully compare them with those of Cetraria Islandica—both of which remedies promise much in tuberculosis.

In closing, I would say to bear Agaricus in mind especially in nervous troubles, deliriums [whether from disease or intoxicants], dyspeptic difficulties, especially of an atonic character, and tubercular affections of the lungs in the earlier stages.

*CALCAREA PHOS. AND HIS NEAR RELATIONS.

L. C. MC ELWEE, M. D.

When we consider the fact that this element forms a part, more or less considerable, of every tissue, solid and fluid of the human organism, we can readily recognize how profound would be the changes resultant upon its disturbed proportions.

The disturbance of the normal proportions do not appear to occur frequently, except in the extremes of life, strange to say, and the effects at the two extremes are as widely divergent as the poles of the compass,—if we have read correctly.

In either case the abnormality is spoken of, much to my astonishment, as the Phosphatic Diathesis. Is there any indication here that would, if followed up, point a friendly finger to the "modus operandi" of drug action? Every one has heard the term "Rachitic Diathesis" applied to the same condition, so that we have the malady named from the standpoint both of cause and effect, of remedy and disease. Attention is merely called to this point in passing, for we all have seen the marvelous effects of those drugs in curing Diatheses with their name as the prefix. The subject is foreign to this paper but would be an interesting theme for a future paper at a future meeting by some one intimately familiar with the category of drug and disease action.

Returning then to the thread of our story, the alteration in proportion, that is its excess, of this salt in the latter portion of existence seems to be almost a natural condition, and not accomplished by or resulting in the development of any considerable group or chain of symptoms that are looked upon as distinctly abnormal.

The changes in proportions in the beginning of life, that is, where there is an insufficiency, are those which are fraught with such baneful results, and are accompanied in the development by such unpleasant disease pictures, causing the vital forces in their distress to sing a low misrere. The harmony of infantile life, with the disturbances characteristic of this drug, is played in a minor key with few or no brilliant passages and usually is characterized by a succession of diminuendoes. The musical director seems to be "off," and the orchestra

*Read at Missouri Institute of Homœopathy, St. Louis, Mo.

lacks a member, by whom much of the melody of life is pro duced.

The mental state is one of inactivity. Firmness in decision or fixidity of purpose is no where to be found in the character of a Calc. Phos. individual, but on the contrary there is a remarkable hesitancy and a vague timidity about the undertaking or doing of ordinary things. Taciturnity and at last absolute indifference take possession of this unfortunate creature, and cast upon him the image of one in the slough of despond. The recruiting capacity of cell action lags, halts, and is inefficient to meet the demands made upon it, or to use a common phrase, the vital engine doesn't make steam fast enough to keep the economy properly moving. Certain it is that this inefficiency is not due to a lack of fuel, because there is a constant, insatiable demand for a supply of force, (apparently because the power of the fuel is carried off by the escape, or is reduced to a superfluity of ashes, or the fire box is faulty), this same force is not supplied. From lack of power to assimilate, even in face of the fact of a plentiful supply of food fuel, there is a failure on the part of the constructive forces to deposit this substance in the locations where it must be supplied, in order that these locations may properly do the work allotted to them.

Therefore it will be easily seen why the provings record symptoms showing that the fontenelles remain open too long, The teeth are late in coming, the joints show undue enlargement, the bones bend under the weight imposed upon them, the skull crackles under pressure like paste-board, the child slowly learns to walk, it slowly learns to talk, its ideation is sluggish, its perception dull, its understanding tardy and very limited.

As the bones are the principal recipients of favors at the hands of Calc. Phos. they are necessarily the greatest sufferers when their proper supply is in any way compromised.

But the glands and blood are also shown partiality by this remedy when all goes well, so that they too suffer its absence. Therefore, as a result of imperfect glandular action the digestion is faulty and the nourishment ingested is cast away only partially consumed, the system being the ultimate sufferer. The full capacity of the blood is curtailed from lack of the

proper proportion of this element, and cannot carry to the remote tissues their full quota of supply, hence they become flabby, the skin wrinkles wherever opportunity affords and turns brown, maybe because of shame for its flabbiness. The muscles too, complain in their languid, feeble fashion and refuse the function of locomotion often, after it has been once established, and grudgingly return to work when they are perforce compelled to resume active duty. When reference was made to the inability of the body to properly get up steam, the thought "orificial irritation" and "sympathetic nerve pinching" may have occurred to some one, and indeed the proving bears out the idea, for we find recorded symptoms coming from the lower orifices, which can only be interpreted to mean irritation of those parts. It is probably not becoming in us to question the proving, but we should like extremely well to have examined those provers before they began their task. Granted however, that they were perfectly well in the beginning of their proving of this remedy, there is evidence sufficient to show that it must perforce be of great service in the treatment of this class of diseases, when found in subjects of the Rachitic or Phosphatic diathesis.

The relations of our subject that claim kin-ship, are a half-brother Calc. C. who is in every way a bigger man than his phosphatic brother, and differs materially in complexion and size of abdomen. The former is fair, fat and fearful, while the latter is dark, gloomy and reticent. The one is short in stature and wind, the other is long in size and appetite. The one has blue eyes and golden hair, the other dark hair and eyes of brown. The one has an abdomen as of an inverted saucer, while that of the other hangs around loose and would fain be filled, while they both join hands and heartily shake as they agree that some one else shall perform the task which belongs to them. They get quite out of breath as they go arm in arm up stairs. They are both ungovernably sleepy all the time. The light haired one when he was a babe or small boy, when asleep, would sweat profusely about the head and neck, saturating the pillow, but after becoming grown sees unpleasant figures and skeletons and ghastly images as soon as his eyes are closed. The slim, slender brother, the sleepy subject of this paper, when he goes to sleep dreams for a little while of

the events of the past day, and finally merges into so deep a torpor that it is with the greatest difficulty that he awakens in the morning. Another near relation, but of what degree of consanguinity I know not, Silicia by name, takes satisfaction, apparently, in depriving the child of the power to walk after he has had the pleasure of that ability, just like our perverse subject. They have a mutual affinity for bones, possibly they would make good minstrels.

The business firm of which the subject of our sketch is a member, Messrs. Backache, Stiff-neck and Rheumatics, do business on Spinal avenue, between Cervical and Lumbar Sts. They always have a good supply of fresh goods whenever the weather changes, are accompanied by a falling barometer, and advertise a grand opening whenever there is an east wind. Mr. Lachnanthes, who is quite deaf, has a crick in his neck and a sore throat at the same time. He and our subject together keep away from the windows for fear of the draft of air that comes therein. Messrs. Rhus. Tox, and Berberies attend to the Lumbar street end and both find difficulty in arising from their seats to wait on customers, hence they keep mostly on the move. Occasionally Rhus will rest his back against something hard and get easy, or will stand with it next the stove and feel relief, but Berberies in those positions gets no relief. The peculiar numbness of his Lumbago gets very painful. It makes him quite stiff and runs into his limbs; but he gets no comfort until the pesky customers are all gone, and even then it is slow in coming. If questioned closely he is very apt to confess a vesical trouble, which is aggravated conjointly with his lame back.

The children, supposedly distant cousins, Cina and Cham, who claim kin are particularly cross and peevish. They whine and must have much attention. They are always hungry, but unlike our friend—their relation refuse the food when offered. They have indigestions quite alike, and alvine discharges quite unlike.

Last, but not least Calc. Phos. has a relation quite near who is a female. She is very consciencious and sensitive. Has a changeable disposition and can easily laugh or weep ; would therefore make a great actress. Her emotions are variable and change with every breeze of sentiment, now indignant

then repentant—always inconsistent. During her moments of silent meditation, she sighs over the failure to achieve some object very dear to her. She indulges a silent grief and tears and is comforted therefrom. When a small girl at Wesleyan University, if scolded she would go to bed sick and sob after she was asleep. Since she has become grown and better known, she has had several offers to go on the stage at high salaries, because of her versatile nature and prominence, but she has declined them, because she prefers to reach her ideal and become an authoress. Whether she has ever been the plaintiff in a breach-of-promise suit of National interest is yet uncertain, but she has had "one affaire des coeur" and sighs and grieves over it. Her name is Ignatia. Our subject also has had his disappointment and is grieved. He sighs and they two sigh to each other. Sighs of various size. Sighs of reciprocal sympathy. They weep together and think of times agone. They take melancholy pleasure in saying the "saddest words of tongue or pen"—this they do and are pleased to believe that no one knows their secret.

NOTES FROM CLINIC OF PHILADELPHIA POST GRADUATE SCHOOL.

SERVICE OF F. E. GLADWIN, M. D.

Jan. 4, 1894. Mr. R. brought his son, Alexander, aged three, to the clinic telling us that a fellow workman had told him we could cure the child without an operation. He had already taken the little fellow to two of the leading dispensaries in town and puncture and circumcision were advised.

Child was well until three weeks ago when he had a diarrhœa.

Stools watery, almost involuntary, (sudden urging) yellow offensive, curdled, undigested,

<After 12 p. m.

Involuntary during sleep.

Cured? by the old school treatment.

Since diarrhœa stopped wets the bed every night.

Hydrocele appeared "caused by a kick from his little sister?" Sulph ^{55m}.

Jan. 9. Some diarrhœa, but is better now.

Jan. 16. Involuntary urination during the day, smells strong.

Fond of playing in water.

Hydrocele has been smaller but now seems larger than ever.

Jan. 23. Dark rings under eyes at times.

Wets the bed more than before. Phos ^{45m}.

March 13. Steady improvement.

No more involuntary urination during the day.

Wets the bed no more.

Hydrocele has disappeared.

(*Continued from May Number*)

Sensation as if Pressing—hard body pressing backward and downward against rectum and anus at stool. LIL. TIG.

" Pressing—flatus pressing against coccyx, by which it was retained—Zinc.

" Pressing—an angular body pressed inward in rectum—*Prun.*

" Pressing—bowels, bladder and rectum pressed by a sharp instrument—NUX V.

" Protruded—rectum protruded and went back with a jerk—*Ratan.*

" Protrude—bowels would protrude—Ascl. Tub.

" Remained — something remained in rectum after stool—SUL.

" Remained—more feces remained to be passed —NUX V.

" Remained—part of feces remained in rectum—NIT. AC.

" Sand—sand, sticks or gravel in the rectum—COLLIN.

" Sand—passing sand from the rectum—Ars.

" Skin—skin rubbed off the anus—Carb. Ac.

" Screw—screws boring upward and downward in the anus—Fer. Iod.

" Sharp—sitting on something sharp—LACH.

" Something—something would pass the bowels —Ascl. Tub.

" Splinter—splinter in the rectum—NIT. AC.

" Splinter—splinters of glass in rectum in every direction—*Ratan.*

" Split—stool would split the anus—MEZ.

" Sticks—sand, sticks or gravel in rectum—COLLIN.

" Sticks—sharp sticks were being pressed into rectum—NIT. AC.

" Sticks—stick pressing into rectum—Rumex C.

" Stuffed—anus stuffed full—*Apis.*

" Substance—foreign substance lying in the rectum—NAT. M.

Sensation as if Thorn—thorn pricking in anus—Lyss.
" Tied up—rectum tied up with strictures—Syph.
" Torn—rectum were torn to pieces—SUL. AC.
" Torn—anus were torn—ERIG.
" Torn—rectum torn open during stool—*Calc. C.*
" Twisted—something twisted and turned about in a circle in anus, and something like drops of water flowed down—Fer. Iod.
" Twisted—rectum and anus were twisted up—*Ratan.*
" Water—cold water tickling in anus—Can. S.
" Water—stools were boiling water—Merc. Sul.
" Weight—ten-pound weight hanging upon the rectum—Jamb. Euj.
" Worms—worms in rectum and anus—Agar.
" Worms—large worm in the anus—Cinnab.
" Worms—thread worms crawling in the anus—CROC.
" Worms—worms in anus—Fer. Iod., Elaps.
" Worms—worms crawling about in anus—TER., Zinc.

URINARY ORGANS—KIDNEYS.

" Biting—something biting passing urethra—Guaic.
" Body—a cylindrical body was being forced through the urethra—Stram.
" Body—anus and part of urethra were filled up by hard, round body—Can. Ind.
" Bubbling—something bubbling in right kidney—*Medorr.*
" Bullets—bullets or something similar fill in bladder to its outlet—Pulex. Irrit.
" Calculus—calculus passing ureters—Medorr.
" Calculus—calculus impacked in left ureter—Cereus. Bon.
" Drawn—urethra drawn up into knots—Can. S.
" Drops—drops of urine were in urethra—Cedr.

Sensation as if Drops—last drops remained behind on urinating—ARG. NIT.

" Drops—a biting drop forcing its way out at tip of urethra—Selen.

" Drops—drops came out of bladder—SEP.

" Dropping—constant dropping of urine from urethra—CEDR.

" Fall—bladder would fall to side on which he lay—PULS.

" Fell—bladder fell from side to side and was enlarged—*Sep.*

" Gonorrhoea—gonorrhoeal discharge in urethra—Can. I.

" Iron—red hot iron passed along urethra—CANTH.

" Knives—knives plunged into kidneys—ARN.

" Lead pencil—hard body like lead pencil was being forced upward and backward from bladder to kidneys—Sanic.

" Needle—needles pricking into urethra—Can. I.

" Needle—needle sticking in forepart of urethra—CAPS.

" Needle—needle sticking in right kidney—Staph.

" Passed—few drops passed through urethra—Ambr. Selen. THUJ.

" Pressed—something pressed against right kidney—Am. Br.

" Pressing—cutting instrument pressing in forepart of urethra—NUX V.

" Pressing—Blunt instrument big as thumb pressing in kidney—*Gels.*

" Raw—urethra was raw—COLCH.

" Remained—something remained behind on urinating—GELS. BERB.

" Run—something would run out of urethra—Carb. Sul.

" Running—something running out of urethra—Dig.

" Scalded—urethra was scalded—APIS.

Sensation as if Sore—a sore was in urethra when urinating—CINNAB.

" Sticking—something sticking in urethra—Aspar.

" Stuffed—urethra stuffed up—Syph.

" Swelling—swelling retarded passage of urine—Hipp.

" Tape—a tape prevented passage of water—Thuj.

" Urine—urine still passing after urinating—Aspar. Viburn.

" Water—very hot water passing over parts when urinating—LAC. DEF.

" Worm—large worm twisting in bladder—Bell.

MALE SEXUAL ORGANS.

" Compressed--right testicle compressed—STAPH.

" Compressed—testicles compressed and drawn up—Zinc.

" Cough—cough felt in testicles—Zinc.

" Crushed—testicles were being crushed—RHOD.

" Drawing—testicles were drawing up into the abdomen—Bell.

" Drawn—testicles were drawn up into inguinal ring—Sec. C.

" Knife—knive drawn through testicle—*Aur. Met.*

" Knots—urethra drawn up into knots—Can. S.

" Moved—testicles moved—Thuj.

" Needles—needles pricked in frenum of penis—COR. R.

" Rubbed—Shirt rubbed penis in walking—Zinc.

" Seized—testicles seized by a hand and pulled severely—OL. AN.

" Seized—a small bundle of fibers were seized in prepuce—Jac.

" Splinter—splinters sticking in ulcer or chancre—NIT. AC.

Sensation as if Squeezed—left testicle had been squeezed—Bapt.

" Stretch—urethra was put on a stretch during coition—ARG. NIT.

" Swollen—prostate gland swollen—Aloe.

" Torn—Spermatic cord would be torn to pieces on coughing—NAT. M.

FEMALE SEXUAL ORGANS.

" Beating—uterus beating against right ovary—Angust.

" Body—foreign body rising from uterus to chest—Raph.

" Bubbling—something bubbling in right ovary—Medorr.

" Burst—something burst in womb—ELAPS.

" Child—child was bounding in her body—*Therid.*

" Cotton—Small ball of cotton in vagina—Pulex Irr.

" Crossed—limbs must be crossed to prevent protrusion from vagina—SEP.

" Crosswise—foetus lying crosswise—ARN.

" Dilating—os uteri was dilating—Sanic.

" Drawn—heart and ovaries were drawn up together—NAJA.

" Enlarged—vulva were enlarged—SIL. Zinc.

" Fall—genital organs would fall out during stool—POD.

" Falling—uterus falling over—Ang.

" Flea—flea biting labial fissure—Culex. Mus.

" Foetus—foetus moving in womb—*Turent.*

" Forced—everything was being forced out of pelvis—Xanth.

" Forced—womb would be forced from vulva—CON.

" Issue—everything would issue from the vulva—BELL. LIL. TIG. SEP. NAT. C.

" Knife—knife cutting into ovary—SABAD.

Sensation as if Knife—knife suddenly thrust from pudendum into right thigh—Croc.

" Knot—uterus drawn up into a knot—*Ustil.*

" Large—vagina was large—Sanic.

" Needles—needles stitching in ovaries—COLOC.

" Needles—needles darting upward in uterus—*Lac. C.*

" Open—os uteri was open—LAC.

" Pass—prolapsus would occur and internal organs would pass out—CALC. C.

" Passing—something passing out of womb—AST. RUB.

" Plug—dull plug driven from right ovary to womb—IOD.

" Pushed—internal genitals were being pushed out—MUREX. P.

" Pushing—something pushing up in vagina when sitting—FER. IOD.

" Pushing—something pushing in the womb—Ast. Rub.

" Slivers—slivers or sticks in or about womb—ARG. NIT.

" Sac—distended sac in left ovary—Medorr.

" Squeezed—uterus squeezed by a hand—GELS.

" Steam—scalding steam pouring into vagina—Pulex. Irrit.

" Something—something coming away—with bearing down—FER. IOD.

" Something—something was coming out of vagina—KREOS.

" Swelling—uterus were swelling—Ang.

" Turning—foetus turning somersaults in womb—LYC.

" Water—warm water flowing down—leucorrhoea—BOR.

" Watch—tick of watch in left side of vagina—Alum.

" Wave—wave went from uterus to throat—GELS.

" Wind—uterus full of wind—PHOS. AC.

LARYNX AND TRACHEA.

Sensation as if Air—air too cold for larynx—Hipp.
" Air—too much air were passing into mouth—Therid.
" Apple seed—apple seed cells lodged in upper larnyx or rima glottidis—Bry.
" Ball—ball rising from pit of stomach into larynx—Kali. Ars.
" Body—foreign body lying over larynx—IGT.
" Body—foreign body stopped up larnyx—*Arg. M.*
" Body—foreign body in larynx—Bell. Cubeb.
" Body—small foreign body in larynx with desire to swallow—Calc. Fl.
" Body—foreign body in windpipe—Brom. Ter.
" Closed—larynx and throat were closed—Tarax.
" Closed—upper part of larynx suddenly closed upon breath—MOSCH.
" Contracted—larynx contracted—ALUM.
" Constricted—someone constricted the larynx—Bell.
" Cord—cord was drawn around trachea—CHAM.
" Denuded—larynx was denuded—ACON.
" Down—down tickling in larynx—SUL.
" Drawn—larynx drawn shut—Am. C.
" Dust—one were inhaling dust—ARS.
" Dust—dust in throat and lungs—CALC. C.
" Dust—dust or feather -down tickling in trachea—CALC. C.
" Dust—dust in trachea, throat, and behind the sternum—Chel.
" Feather—dust or feather--down tickling in trachea—CALC. C.
" Feather—feather in larynx—DROS. LYC.
" Film—trachea was closed by a film—MANG.
" Fluid—same fluid had gone into wrong passage—LACH.
" Forced—larynx and throat were forced asunder—Kali. Ars.

Sensation as if Fur—larynx lined with fur—PHOS.
" Hair—hair in larynx—Naja.
" Iron—rima glottidis composed of an iron ring—Chlor.
" Knife—knife cutting in larynx—Maucin.
" Lump—lump behind larynx—Ustil.
" Lump—lump in larynx—Medorr.
" Lump—lump size of a walnut sticking behind larynx—CALC. C.
" Lump—a lump of phlegm moving up and down in windpipe on coughing.—CALC. C.
" Leaf—small leaf obstructed windpipe on hawking—Ant. Tart.
" Mucous—larynx was covered with a dry mucous—COFF.
" Membrane—tough membrane were moved about by cough—KALI. C.
" Nail—nail pressing in larynx—SPONG.
" Notes—notes of piano vibrated in larynx—CALC. C.
" Peppermint—he had inhaled peppermint—Sanic.
" Plug—plug in larynx—SPONG.
" Pressed—larynx was pressed upon—CHEL.
" Pressed—larynx pressed back against œsophagus—CHEL.
" Pressed—thyroid cartilage pressed in—Bar. C.
" Pressing—some one pressing windpipe between thumb and finger—LACH.
" Raw—whole larynx raw—Chlor.
" Skin—a skin in larynx—LACH. PHOS. Thuj.
" Smoke—air passages were full of smoke—BROM.
" Something were torn loose in larynx on coughing—CALC. C.
" Something had fallen into trachea with whistling in the throat—Aloe.
" Something suddenly run from neck to larynx and interrupted breathing—LACH.
" Something were in larynx—FER. MET.

Sensation as if Space—windpipe had not space enough—CIST.
" Sponge—breathing through a sponge—*Spong.*
" Stone—stone in trachea—Sanic.
" Sticking—something sticking in larynx—Raph.
" Sulphur—vapor of sulphur suddenly caused constriction of larynx—MOSCH.
" Sulphur—vapor of sulphur in larynx—IPEC. PARIS.
" Sulphur—vapor of sulphur in larynx excites cough—ARS., CARB. V.
" Thread—one were drawing on a thread in larynx from front backwards—Calc. Ars.
" Talon—talon were sticking in larynx—LACH.
" Ulcers—small ulcers in larynx—*Nit. Ac.*
" Valve—stopper or valve in larynx—SPONG.
" Vapor—vapor in trachea causing cough—*Bry.*
" Water—quantity of water flowing into windpipe—SPIG.

INTERNAL CHEST AND LUNGS.

" Air—air she inhaled did not reach pit of stomach—*Prun.*
" Air—cavity in upper part of lungs filled with burning air—*Medorr.*
" Air—air did not penetrate chest—Rumex.
" Air—could not get air deep enough into lungs—CAPS.
" Air—can't inspire air enough—Bry.
" Air—did not get air enough into the chest—Brom.
" Air—room had been exhausted of air—NUX V.
" Air—air escaped from lungs into pleural cavity—Chlor.
" Air—there were no air in chest—*Kali. C.*
" Adhered—lungs adhered to chest—Cad. Sul.
" Adhered—lower lobe of left lung adhered to ribs—KALI. C.
" Adhering—left lobe of lung was adhering—Euphorb.

Sensation as if Alive—something alive jumping in chest—CROC.

" Balls—hot balls dropped from each breast through to back, rolling down back, along each limb and dropping off at heels—followed by balls of ice—LYC.

" Band—band around chest—LOBEL., PHOS.

" Band—band constricting chest transversely—Zinc.

" Band—rubber band drawn around right lung—Culex. Mus.

" Band—band encircling chest at line of pleura—Cap.

" Band—chest encircled in a tight band—Pic. Ac.

" Bladder—bladder hung in left chest—Aur. Met.

" Blood—blood forcing its way into the finest vessels of the lungs—Zinc.

" Blood—blood rushed from heart into chest and would burst out above—Spong.

" Body—foreign body rising from uterus to chest—Raph.

" Body—broad body with many points were pressing upward in chest and dorsal muscles of left side—Spong.

" Bound—throat and chest were bound together—Ars.

" Bound—chest were bound—CACT. G.

" Breath—each breath would be the last—APIS.

" Breath—breath would be taken away from riding rapidly down hill—BORAX.

" Breath—breath remained stopped between the scapulae—Calc. C.

" Breath—breath would leave her on lying down—*Lac C.*

" Breath—breath was stopped at pit of stomach—RHUS. T.

" Bubbling—something bubbling and boiling in chest—Lachn.

Sensation as if Burst—something would burst in chest—*Rhus. T.*

" Cask—chest was a big empty cask—*Phyt.*

" Clogged—lungs were clogged—PHOS.

" Compressed—chest were compressed—CACT. G.

" Constricted—everything in chest were tightly constricted—PLAT.

" Constricted—upper portion of both lungs were constricted—Coca.

" Constricted—tight waistcoat constricted chest—LYCOP.

" Constricted—lungs constricted and tied up in bundles—DIG.

" Constricted—walls of chest were being constricted—DIG.

" Contact—lungs came in contact with the back—SUL.

" Contents—chest deprived of its contents—STAN.

" Cord—cords pulling from suprasternal fossa, downwards and sideways—Apis.

" Cords—ligated with cords around chest and waist in morning—ARG. NIT.

" Cotton—lungs stuffed with cotton—KALI. BI.

" Crowbar—a crowbar were pressed tightly from right breast to left until it came and twisted in a knot about the heart—Tabac.

" Cut—chest cut to pieces—Kali. Iod., Zinc.

" Distended—something in chest were being distended which could not be completely distended—BRY.

" Drawing—chest were drawing together—Pyrogen.

" Drawn—left breast drawn toward back by a string—Croc.

" Drawn—left lung drawn up in hand and then let loose—Medorr.

" Drawn—left lung drawn to right side—Medorr.

" Drawn—chest were drawn together—NUX V.

Sensation as if Drawn—something tight drawn around right lower chest—Culex. Mus.

" Drawn—sternum gradually drawn toward spine—Syph.

" Drops—falling drops in chest—Thuj.

" Dropped—something had dropped down in chest—Bar. C.

" Dry—everything in the chest were dry—MERC.

" Dust—inhaling dust—IP.

" Dust—dust in the lungs—HEPAR.

" Dust—dust in the throat and larynx—CALC. C.

" Dust—one were inhaling dust—ARS.

" Empty—chest were empty—Vinc. M.

" Enlarged—calibre of chest enlarged ten fold —*Phyt.*

" Ether—having inhaled ether—GLON.

" Eviscerated—chest were eviscerated—*Phos.*

" Expand—something should expand but would not—BRY.

" Expand—root of lung could not expand—Chrom. Ac.

" Feces—feces ascended to chest—LACH.

" Feather—feather swaying to and fro in bronchia—RUMEX.

" Fell—something fell forward in thorax on turning on right side—*Sul.*

" Fire—from coals of fire from chest to shoulder—LACH.

" Fluid—fluid bubbling in middle lobe of right lung—Tell.

" Fluid—fluid dropping in left chest—*Puls.*

" Food—food lodged in chest—Am. M.

" Full—thorax was full—Medorr.

" Full—lower part of chest too full and tight in morning—PULS.

" Full—chest were too full of blood—CALC. C. Lil. Tig.

" Full—chest were to full and not enough room in it—CAPS.

Sensation as if Full—chest were too full—LYC. PULS.
" Girdle—tight girdle hindered breathing—CHEL.
" Grating—something grating in chest upon inspiration—Eup. Pur.
" Grown—something had grown fast in the chest—SUL.
" Hanging—everything in chest was hanging down—Crot. T.
" Half—chest could only be half filled—DIG.
" Hoop—chest were bound by a hoop—ARS.
" Hollow—chest were hollow—Ars. Aspar. Chin. Crot. T., SEP.
" Hollow—chest were hollow and cold—ZINC.
" Hot—she had something hot inside the chest—SPONG.
" Hypertrophied—all tissues in chest were hypertrophied—Chlor.
" Ice—lump of ice in right chest—SUL.
" Iron—hot iron had been run into chest and a hundred weight put on it—NAJA.
" Iron—bar of iron around the chest—ARG. NIT.
Knife—knife thrust in right chest—Corn. Fl.
" Knife—dull knife thurst into chest between fifth and sixth ribs—*Dulc.*
Knife—knife thrust into left chest—Stan.
Knife—knife thrust into top of left lung—SEP.
" Knife—knife plunged into chest—*Nux M.*
" Knife—knife in chest—Sumbul.
" Knives—knives cutting in chest—Psor.
" Knives—knives thrust into chest—HYDRAS.
" Knives—two knives going toward each other in chest—KALI. C.
" Laced—chest were laced—Glon.
Load—she had a load on upper part of lungs—ARS.
" Loose—everything in chest were too loose, short or wabbling about—*Spig.*
Lump—lump in chest—AMBR.

Sensation as if Lung—a piece of lung would come out on coughing—Mag. Sul.

" Lying—during sleep someone was lying on him —Pyrog.

" Mass—hard mass collected in the lungs—*Sticta.*

" Mucous—lungs were full of mucous—LYC.

" Mucous—respiratory passages filled with mucous—Copaiba.

" Narrow—chest were too narrow—GRAPH., Ol. an., SENEG.

" Narrowed—cavity of thorax narrowed—*Agar.*

" Needle—red hot needle burning in upper part of chest—Ol. An.

" Needle—needle sticking in left chest—*Spig.*

" Peppermint—he had inhaled peppermint—Sanic.

" Pieces—chest would fly to pieces—Lactuca Vir., *Sul.*

" Pins—pins and needles under sternum—KALI. BI.

" Plug—plug of mucous moving in chest—Coc. C

" Pressed—chest pressed inwards from both sides—Bell., Cina.

" Pressed—lungs pressed against spine—LAUR.

" Pressed—lungs were pressed up into the throat —LACH.

" Pressed—something were being pressed away from sternum—KALM.

" Pressing—ribs pressed against lungs—IRIS. V.

" Pressing—chest oppressed by some one pressing upon it with hand—FER. M.

" Prevented—something in chest prevented exhalation when talking or coughing—DROS.

" Pulled—something pulled from spleen into chest—Borax.

" Pushed—lungs pushed back to spine—Seneg.

" Raw—chest were raw inside—Gamb.

Sensation as if Rivet—rivet from upper part of left lung to scapula—SUL.

" Ruptured—inner and lower third of right lung were ruptured—Chlor.

" Screwed—chest screwed together—Glon.

" Short—chest was too short—Lars.

" Sinking—lungs were sinking down—Bad.

" Small—chest were too small—IGT.

" Smoke—inspiring smoke or pitch—BAR. C. NAT. ARS.

" Smoke—lungs full of smoke—BAR. C.

" Something—something size of fist were in chest and throat—Cic. V.

" Sore—her breath was fanning a blistered sore in the lungs—Medorr.

" Stick—dull stick pricking in right chest—Pal.

" Sternum—sternum lying too close and oppressed breathing—CINA.

" Stone—heavy stone in chest—Alum.

" Strapped—chest was strapped—Ailan.

" String—string pulling in right breast—Sumbul.

" Stuck—all air cells stuck together—Ailan.

" Stuffed—chest was stuffed—LACH.

" Sulphur—he had inhaled sulphur fumes—LYCOP.

" Suspended—all internal organs suspended from chest—LIL. TIG.

" Tied—lungs were tied with a thread—Kali. Mur.

" Tearing—something tearing in chest—*Spig.*

" Tearing—something was tearing away in lungs—NIT. AC.

" Tight—garments too tight about chest--Millef., NUX V.

" Tight—clothes were too tight around chest——CAUST. PHOS.

" Tight—lungs were too tight—NAT. M.

" Torn—something torn loose under sternum on coughing—PHOS.

" Torn—heart and breast were torn to pieces—HYOS.

Sensation as if Torn—lungs were torn out—Elaps.
" Torn—something torn loose during inspiration —Berb.
" Torn—everything torn in chest—Psor.
" Torn—something torn loose in chest—NUX V.
" Torn—something would be torn out of chest by cough—Rhus. T.
" Turned—something turned round in chest—Stram.
" Vise—front of chest had been compressed in vise—HELON.
" Water--hot water were floating in chest--HEPAR.
" Water—drops of hot water in left chest--HEPAR.
" Water—boiling water poured into chest—Acon.
" Wave—cold wave in the chest—CAMPH.
" Wave—hot wave like steam moving through abdomen and chest—Lyss.
" Wave—left lung moved in waves—DULC.
" Weight—heavy weight in chest—Lactuc.

OUTER CHEST AND MAMMÆ.

" Air—air streamed from the nipples—CYCL.
" Ants—ants were running over chest—MEZ.
" Band—iron band encircled chest—CACT. GR.
" Band—narrow band drawn tightly around lower third of chest—Chlorum.
" Beaten—chest had been beaten—APIS.
" Breast-bone—an instrument passed through the breast-bone—CALC. PHOS.
" Close—Sternum lying too close and oppressed breathing—CINA.
" Cord—cord tied tightly around lower part of chest—CACT. GR.
" Cloths—she had wet cloths applied to anterior wall of thorax only when walking in open air—Ran. B.
" Crushed—sternum was being crushed in—KREOS.

SURGERY.

THE TREATMENT OF SYPHILIS.

HOWARD CRUTCHER, M. D., CHICAGO.

The present position of the traditional school upon the treatment of Syphilis is not calculated to inspire deep respect for either its logic or its practice. The germ has not as yet been found, and, of course, until he is, nothing can be regarded as settled. That a germ is responsible for Syphilis is accepted as a matter of course. As there is no other origin possible the malady *must* be of bacterial origin. This much is perfectly evident. But, supposing for the moment, that the germ, while undoubtedly present, is simply undiscovered, he ought to be found in all his glory, in, around and about the primary sore; this much is bound to be admitted. It is absurd, it is preposterous to presume that a colony of these wary creatures could locate in a distant part and conduct their campaign against the local tissues by telegraph. In the first place the wires would become affected and thereby rendered useless for the transmission of reliable messages. The germ, then, is present, alive and active at the point of primary lesion—if he is anywhere, and he must be present; for without the melancholy prince of Denmark there can be no *Hamlet*. Being present, he can be destroyed by fire or its equivalent. Anything that will destroy the tissues will destroy the germ, for whatever destroys the whole must logically destroy any part of that whole. But this remarkable germ defies all ordinary rules, and the more he is harassed and angered the more venomous and ferocious does he become. If done to death in one quarter his ghost springs up like magic in another.

These lessons have at last been scared into the minds of Traditional Therapeutics and the germ has come to be feared if not reverenced in his chosen primary abode. His treachery, his duplicity, and his total disregard of all traditional theories

and methods are too well known to warrant further trifling. Although his personal appearance is shrouded in deepest mystery. his character is so well known that we can deduct therefrom some exceptionally practical lessons. One thing is clearly, if not gladly admitted—the germ will tolerate no personal indignities. He must then, be overwhelmed, beaten and driven to earth by an overpowering vitality, and, curiously enough, he seems to yield quietly, surely and permanently whenever the higher forces are directed against him.

His old enemy, *Mercury*, even in the "smallest" doses seems to prevail against him with disheartening certainty, particularly if the germ happens to be ravaging among the vitals of a patient whose general symptoms are similar to those produced by Mercurial doses in a person undoubtedly free from the presence of this wonderful creature. This is really the logic of the situation. Syphilis is a germ; Mercury is death to germs; therefore Mercury will kill the germ—sometimes. But it ought to do it every time, and herein lies the discouragement. Sometimes the germ is not killed—at any rate the patient is not cured. The Mercurial dosing has been overdone, and then Hot Springs (Hepar Sulphur) is an excellent antidote to the Mercury.

Meantime the patient suffers, languishes, perhaps dies. The germ is, strictly speaking, very bad company, and, of course, those who give him shelter must expect more or less trouble on account of his infirmities of temper. But to return to the germ, he eludes pursuit and declines personal acquaintance. He cannot be found. It would not make the slightest difference to suffering humanity, save possibly to intensify the tortures of the malady, but we earnestly hope the Syphilis germ can be discovered and insolated. He is being searched for today by hundreds of earnest, able, faithful students, upon one of whom he will confer some modern immortality, provided he can only be cornered and looked squarely in the eye. Somebody will find him! what a discovery! what a label for that slide! Science will appropriate another garland wreath to her overloaded brow and germdom will tremble from head to tail. But the germ will still sting if meddled with; he will continue in business at the old stand and at as many new stands as he can appropriate; and two million years hence,

when a new St. Paul's Cathedral has been erected to accommodate the New Zealander's in London and a new bridge shall span the watery wastes of the Atlantic, the germ will proclaim his longevity and will narrate with a merry twinkle in his tail how he outwitted the combined gray matter in the Traditional School for uncounted generations, and we can think of nothing that is calculated to afford such hilarious amusement to a healthy germ as the "germ" theory, which is named in his honor in spite of his character, his habits, and the funeral lessons that shine like the noonday sun in his pathway.

There is a method by which this malady can be eradicated swiftly and permanently. In the first place a human being is the victim. The sole problem is to cure the one afflicted. This can be done by applying drug forces to morbific forces. It is not a problem of chemistry, or of mechanics, or of anything save dynamics. Balancing one force against another is the sole question. What force will annihilate that force? The constitutional treatment of Syphilis is the only treatment that has ever yielded satisfactory results. This is admitted by all trustworthy traditional therapeutists, and it is true beyond all question what sort of constitutional treatment? That which follows most nearly the law of Similars in the selection drugs, and which carries out in practice the plainest truths in science as to the real nature of the malady governing the "size" of the dose and the frequency of its repetition by the condition of the patient.

This may impress some progressive person as somewhat out of line with modern scientific progress, but as two grains bear no curative relation to forty grains we decline to accept the baseless theory, exploded a million times and ready for a fresh explosion at every trial, that color, or taste, or density—purely physical qualities—bear any relation whatever to the problem. Traditional medicine is more successful, of course, because the average homœopath "dilutes" his doses with so much sugar of milk!

The practitioner who has not treated Syphilis with the indicated remedy in its potentized form and in infrequent doses may know a great deal, but he has much to learn about curing Syphilis, which more of the love of truth and less of bigotry will enable him to obtain.

*VARICOCELE; ITS SURGICAL TREATMENT.

BY WM. DAVIS FOSTER, M. D., KANSAS CITY, MO.

Varicocele is a distention and enlargement of the spermatic vein; and whether considered on account of the pain it sometimes occasions, or on account of a wasting of the testicle, which now and then follows, it may be truly called a disease. It has been frequently mistaken for a hernia. The uneasiness or distress it produces in the back is readily relieved by the recumbent posture, or by suspension of the scrotum.

In addition to the pains in the back, sense of dragging, and other physical inconveniences attending this complaint, persons affected with varicocele are subject to recurring fits of melancholy and mental depression. Delpech was assassinated by a man whom he had cured of a double varicocele by tying the veins some years before. The man's testicles were found wasted and soft after death, creating the suspicion that the spermatic arteries had also been involved in the ligation.

The affection is mostly confined to the part of the vein below the external abdominal ring, the vessel growing gradually larger as the testicle is approached. This gland, if affected at all in connection with this malady, is in consequence of the pressure. In cases of long standing the testicle becomes practically obliterated.

Varicocele most commonly occurs between the periods of puberty and middle age. Gross met with it as early as the eleventh year. About one male out of every ten is affected. Assuming the population of the United States to be seventy millions, and that one-half or thirty-five millions are men, then three and one-half millions of cases of varicocele now exist.

The etiology is veiled in much confusion and considerable obscurity,—different causes are assigned by different writers.

The disease nearly always occurs on the left side, to some extent in consequence of the fact that the left spermatic vein, at its entrance to the renal, has no valve; it is larger than the right, and opens into its emulgent at a right angle.

The affection may be induced by whatever condition that has a tendency to facilitate an afflux of blood to the genital organs, or to serve as a habitual barrier to its return to the

*Read at Missouri Institute of Homœopathy, April 18, 1894.

heart. Among these are lack of normal exercise of sexual function, venereal excesses, masturbation, chronic diseases of the scrotum and testicles, riding on horseback, bodily fatigue, the presence of tumors in the groin or pelvis, and the wearing of ill-constructed trusses. Constant relaxation of the scrotum, however induced, powerfully predisposes to the development of the disease.

It is believed that the practice of circumcision, by removing the most prolific cause of onanism, would materially contribute to prevent varicocele. What information on this point might be found in statistics, time has not allowed inquiry, whether varicocele is less common among the Hebrews or other nations who practice circumcision than in those who do not.

The diagnosis is usually easy. Varicocele is more likely to be mistaken for hernia than any other malady. There is only one method of distinguishing the two complaints: Place the patient in a horizontal posture and empty the swelling by pressure upon the scrotum, then put the finger firmly upon the upper part of the abdominal ring and desire the patient to rise; if it is a hernia, the tumor cannot reappear as long as the pressure is continued; but if a varicocele, the swelling returns with increased size on account of the return of blood into the abdomen being prevented by the pressure. The older surgeons were of the opinion that varicocele could be palliated, but seldom radically cured.

Various operations have been proposed and performed for the cure of this malady. These include open and subcutaneous ligation of the spermatic artery, castration, ligation of the veins, destruction of the veins by the actual cautery; excision of the veins, either alone or combined with ligation; compression with screw forceps; and lastly, excision of a portion of the scrotum. From the fact that these various operations have been made at different periods in the past by the best surgeons, and the operations often attended with failure or death, is conclusive evidence that the cure of varicocele is difficult.

The method of radical cure attended with the minimum amount of danger, and promising the very best results, is that of multiple antiseptic ligation.

The field of operation should be shaved, scrubbed with soap

and water, to render it absolutely clean, then with bichloride solution one to four thousand, and covered with towels wrung out of a similar solution. Before the incision is made the exposed surface should be finally immersed with ether.

THE OPERATION.

The tissues are made tense by drawing the testicle downwards; an incision two inches in length is made over the most prominent portion of the tumor. The veins are exposed, but not separated from the fascia surrounding them and holding them together. The vas with its venous plexus is recognized and avoided. An aneurismal needle threaded with catgut is then passed through the fascia, carefully avoiding injury to the veins; include about one-half or three-fourths of the entire mass of dilated veins within the loop, then securely ligate. Repeat this proceeding at several points—from two to six—depending upon the bulk of the tumor when the veins are distended. One ligature should be placed at the lower, one at the upper end of the incision, and as many others as required between these two. All oozing is arrested, the wound closed with fine catgut suture, and dressed antiseptically. The patient is to remain in the recumbent posture for about two weeks, and a suspensory should be applied before getting on his feet. The indurated condition of the tissue following will be in due time completely absorbed. In cases where the scrotum is extremely lax and pendent, it should be freely retrenched before the wound is closed.

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*ARTHROTOMY IN OLD DISLOCATIONS OF THE SHOULDER JOINTS—CLINICAL.

W. E. GREEN, M. D., LITTLE ROCK, ARK.

Mrs. McT., aet. 50; eleven weeks previous, fell from her bed and sustained an anterior (intra-caracoid) luxation of the left shoulder. The arm hung rigidly by the side, but owing to the patient's being very fleshy, little change in the contour of the shoulder was noticeable. Upon careful exploration, the head of the humerus could be felt well forward in the axilla. The arm was powerless, as all movements of the arm, fore-arm and fingers were lost. She suffered constant and severe pain

*Read before the Missouri Institute, April 18, 1894.

caused by pressure upon the nerve. An old school surgeon attended her and kept the arm for three weeks in a dressing, thinking he had effected a reduction. Later, two others were called who attempted reduction under an anaesthetic and failed.

They told her nothing could be done and recommended her to "make the best of it." She then called upon another prominent surgeon who declined to take her case. As the suffering from nerve pressure was so severe, she determined to try further and came to me. I frankly stated to her the seriousness of her case, told her that I would try reduction under an anaesthetic and if I failed, would cut down upon the head of the bone (Arthrotomy) and relieve it from its confined position. To this she consented. Accordingly, after making every preparation for a thorough aseptic operation, she was anaesthetized with chloroform, carried to complete relaxation, and a laudable effort made at replacement; failing in this, I entered a knife at the outer side of the coracoid process and made an incision down to the joint, extending it downward along the anterior margin of the deltoid muscle five inches, exposing the capsule of the joint. The capsular ligament was then opened, the biceps tendon drawn aside, and the tissue separated from the bone by means of a probe pointed bistoury, an assistant rotating the arm to facilitate the procedure. It was found that a tendon or fold of ligament, had formed an inseparable barrier to the reduction.

This was divided with great difficulty, but after its severance. the head of the bone came readily into place. The tendon of the biceps was placed in its groove, a counter puncture made on the posterior aspect of the shoulder and a drainage tube passed through. The wound was then closed with two rows of sutures, one cat-gut, deep, and one silk, superficial. The shoulder, heavily padded with antiseptic gauze and the arm immobilized with a bandage.

The patient rallied well and no inconvenience whatever, followed the operation. The temperature for the next five days never exceeded 99. 4. On the fifth day, through want of care in the dressing, the wound became infected. A sero-sanguinous discharge soon begun to ooze, and the temperature began to increase, which reached 103 on the eighth day. The wound was partially opened up; a long slender forcep passed downward, was made to puncture the skin in the posterior aspect of the

axilla, and a large drainage tube drawn through from below upward, thorough irrigation was then practiced. This was continued night and morning until suppuration ceased. The temperature soon subsided and the patient made a tedious recovery. While all pain and inconvenience, incident to the abnormal position and rigidity of the member has been relieved, and its function greatly improved, the arm has not been restored to perfect usefulness; owing, I think, largely to the long continued non-use before the operation. While extension, flexion, rotation and the movements of the hand and fingers are fairly good, the arm cannot be elevated above a horizontal position. Had not accidental after infection taken place, and this was due solely to the neglect of the surgeon in giving proper directions in regard to the dressing, the recovery would have been an ideal one and a great triumph for operative surgery.

In private practice it is not always possible for the surgeon to command the strict attention to nursing of cases that can be enforced in a hospital, where his orders are rigidly carried out and every appliance and convenience be at hand.

There is no class of cases that falls into the hands of the surgeon, so trying as old unreduced dislocations. The comfort of the patient, the usefulness of a limb, and often the reputation of a brother physician, are at stake. Many times the mobility of the limb is so impaired that it is worse than useless, and again, the pressure of the displaced head of the bone causes so much pain that life is rendered intolerable. To refuse one of these cases surgical aid, seems heartless, and yet the undertaking of such a task requires no small amount of courage.

The possibilities of failure in results, suppuration, or perhaps, death, are all important factors to be considered in making a decision. In the present state of surgical progress, the exclusion of micro-organisms through the methods of aseptic surgery, almost entirely removes the liability to suppuration, the most serious complication that may arise, and renders operations now feasible and justifiable, which the older surgeons dared not attempt. In the management of old irreducable dislocations of the shoulder, the physician has his choice between open arthrotomy and excision of the head of the bone.

When arthrotomy and a restoration of the head to its natural socket can be performed, it is the preferable method; but this

cannot always be done, as it is sometimes impossible to make a reduction of the limb, and again, its usefulness is not always restoredby this method. Failing in reduction, the surgeon has the alternative of excision of the head; though active rotation is lost, a fairly good movement of the limb may be obtained.

The operation should always be done in accordance with the most exacting and rigorous demands of aseptic laws; there is no department of surgery in which absolute asepsis is so necessary, as in operations upon the joints. Infection here, means disaster and, by it, both life and limb may be placed in jeopardy.

FERRUM PHOSPHORICUM.*

FREDERICA E. GLADWIN, M. D., H. M.

Ferrum Phos. was introduced into society by Schuessler. Schuessler is not very particular as to what his friends are, its enough if he takes a notion to them. Society kindly welcomed Ferrum Phos. without question but a conservative few though old acquaintances of his father and mother were not willing to accept him without some knowledge of his life, so they carefully observed him. They chiefly watched him when in the company of sick people and whenever he inadvertently remarked "I was sick like this once" they put it down as a part of his history, hence it came about that we have here and there a bit of the history of Ferrum Phos. with but little knowledge of him. To know a man one must become so thoroughly acquainted with him as to know his habit of thought, his desires, his impressions and his expressions. No one ever yet came into such friendship with Ferr-Phos. as to be able to read his thoughts, to feel the influence of his inner life. This isn't the fault of Ferr-phos; if his friends are satisfied that on the surface he is merry and entertaining he will never tell them of the thoughts and feeling lying hidden away in his inner self; therefore I say, though we may have an occasional glimpse of him through his history, we do not know him. The tall slim figure of his mother together with her intelligent face and delicate sensitive nature reveal her patrician blood. Mother phosphorus belonged to the psoric family which according to Hahnemann, counts its ancestors in a direct line straight back to the time of Moses.

*From Proceedings of the Organon and Materia Medica Society of Philadelphia.

The haughty, proud, dark haired father, although he is always quarreling and blushes on every occasion, it's not because he was lowly born, as each can boast a long ancestral line, so each received the inheritance which a long line of ancestral sin and ignorance so often entails upon unfortunate posterity. Thus it came about that poor Ferrum-Phos. was by no means a robust child.

Shortly after he was born his eyes became sore; they were very red and extremely painful, the nurse was obliged to keep him in a darkened room because the lights made him cry. His skin was dry and hot, he was restless at night, and would start at any sudden noise. The nurse, one of those trained nurses who are always ready for emergencies, applied a wash and cured the eyes, before the pus had time to form, for which she received the mother's unbounded gratitude. "Sore eyes of the worst kind, even blindness, were in Mother Phos. family and Mr. Ferrum had always been troubled with weak eyes, styes, etc., no knowing what would have become of baby if his eyes were once permitted to get a start in that direction." The eyes were hardly cured when it was discovered that Ferr-Phos. had a 'weak stomach." He didnt seem to like the milk, and he vomited it as soon as taken. The mother knew he had taken it from her, for she was always spitting up her food, she couldn't keep even cold water on her stomach longer than ten or fifteen minutes while carrying him, she was sure they would never raise the baby. The father said "nonsense!" he himself was vomiting half the time whether any thing was the matter with him or not, and he felt much better for it. The nurse knowing a family quarrel might be disastrous to the mother and that Mr. Ferrum was pretty sure to have a sick spell after an angry fit, quieted the rising tempest by saying, baby's sickness was due entirely to the abscess in the breast of the mother, and proved her statement by putting the baby on the bottle and giving lime-water to correct the acidity of the stomach. Baby recovered but always afterward, that stomach was ready to assert itself on the slightest provocation. He was always spitting up his food by the mouthful; why shouldn't he? pa and ma were always doing it.

One day the mother noticed a slight discharge from the nose. That night she was awakened by the paroxysmal cough of the

child. Upon going to him she found him in a high fever, his face was flushed, his eyes glistening, the pulse was quick, the skin dry and hot and there was much rattling of mucous, in the chest, even the throat seemed to contain too much mucous, the breathing was short as though a long breath were painful.

The father was sure that baby had the croup for Mother Phos. frequently had it when a child. The mother was equally sure it was asthma and wanted to know how many of Mr. Ferrum's family could take a decent breath. The family physician, an Allopath, diagnosed bronchitis and—but no matter what he gave—from that time baby was "subject to catarrh." He had catarrh of the eustachian tube, catarrh of the ear, catarrh of the chest, catarrh of the bowels and may be more.

So the child worried on until the second summer, always suffering more or less from that "weak stomach." He would vomit when in pain, vomit when coughing, vomit in the morning before eating, vomit after eating, he would even waken from sleep to vomit. He vomited food, he vomited bile, he had even been known to vomit blood, but worse of all was the sour vomiting. It wasn't sour like the ordinary sour food but a pungent sour more like the fumes of sulphuric acid; it fairly set his teeth on edge. At times he would puff in the region of the stomach and hypochondrium, that came from both sides of the house, then the neighbors were sure he was "liver grown" and rubbed him down with lard, etc., but in spite of it all he "worried through" without any more serious trouble until the second summer, when he cut his stomach teeth. The teeth came with a fever and the fever rushed in as usual with flushed face, dry, hot, skin, quick respiration and pulse, and vomiting of food as soon as swallowed. He had great thirst for much water, the stools were frequent, green, watery, bloody, scanty, straining and retching at stool, urine scanty, face pinched, eyes half open, head rolling from side to side, moaning, starting from sleep, stools worse at night or after midnight. How he recovered was not learned, but next we find him a bright child of fair delicate complexion, light curly hair, flesh fairly firm, but he seemed weak; there was nothing in particular the matter with him excepting his teeth.

His difficult dentition was only the beginning of trouble, for the teeth though hard to come were soon to decay. Whenever

he tries to eat the tooth begins to ache, as pain always brings heat and redness to Ferr-Phos. face, so like his father in this, we see him with hot flushed cheeks crying with pain and running to the ice pitcher for cold water to hold in his mouth; he knows that it will relieve it. After a little we find him with neuralgia in the face, the pains are stinging, pressing, throbbing, worse from stooping and from cold air.

He is inclined to congestive headaches, blinding headaches, hammering pains in the forehead, rush of blood to the head, hot flushed face; headaches are made better by nose bleed. Ferrum-Phos. nose bleeds bright red blood; in this he was like his mother, his father often had epistaxis but the blood was pale.

I might go on and tell about his measles during which the parotids were swollen, red and painful, or about the diphtheria in which the membrane first appeared on the right tonsil, or the whooping cough in which he vomited and urinated with the paroxysms of coughing. I might speak of the engorged veins or tell of the pneumonia which came with sudden onset, high fever, short, painful respiration and in which he could not lie down, coughed up bright red blood, was restless at night, but time compels us to pass on to the rheumatism of which he was so painfully ill.

With all his other troubles poor Ferr-Phos. was obliged to suffer the excruciating pains of rheumatism. His Sycotic father was to blame for it; he knew when he married Miss Phosphorus that he had never been cured of that old gonorrhœa contracted so long before, but little he cared what suffering he brought to his unsuspecting wife and unborn babe—was there ever a selfishness so cold blooded and fiendish? So poor Ferrum-Phos. walks the floor night after night with rheumatism when it was where he could walk with it. His rheumatism was the kind that moved from joint to joint and when it was in the hip, knee or ankle joint walking was impossible. He had violent pains in the right upper arm and shoulder, drawing, tearing pains, better from gentle motion, so sensitive to touch that he could not wear his coat; the joint red and swollen, pains insufferable, pains in the wrists, fingers contracted. One joint after another was attacked, joints were puffy with but little redness, severe pains in the knees shooting down the

legs, foot swollen, sensitive to touch, steady, terrible pains all over the foot and ankle, with all this pain there was high fever, red face, quick pulse, increased temperature and nights made sleepless by the severity of the pain, and every day between 4 and 6 a. m. copious sweats which increased the pain already so excruciating that he could not keep back the tears. Ferr-Phos. was very sensitive to pain.

Thus was the sin of the father visited upon the child.

During the winter of '89 and '90, our first grip year, Ferr Phos. was ill. His symptoms were very like his old catarrh of the chest; he was much prostrated by this sickness and never seemed to fully recover though he was able to be about. As time went on it was noticed that he was nervous and was growing weaker day by day, profuse night sweats seemed to weaken him, he was restless at night, tired and wanted to lie down during the day, there was a short, dry, hacking cough; vomiting of food after eating; instead of the pretty bright red cheeks the face was pale and swollen, excepting in the afternoon or during the pain, then the old flush returned. Remembering his old hemorrhagic nature, for he has bled from nearly every orifice of the body, we are not surprised to learn that the cough brought up bright, clear blood, or that on every exertion or on going into cold air the sputa became blood streaked. No diagnosis is needed to reveal the meaning of it all

That dread disease tubercular phthisis which so quickly killed the father and mother was palliated from time to time in Ferr. Phos. but the end was inevitable. Ferr. Phos. the innocent victim was surely dying. Who was the murderer? Was it the generations of ancestors whose ignorance piled up psora mountain high to await him? Or was it his father whose sin cursed him with sycosis? Or was it the physician who in stupidity and ignorance could not find the remedy though nature screamed it at him all through a life of suffering.

Is not the physician responsible for all the unnecessary suffering which comes after nature has once plainly spoken the remedy?

If some wise physician had given the baby, Ferrum Phos. the correct remedy, the vital force would have been turned into order and he would have escaped from his inheritance.

What a cry goes up from the suffering little ones against

those physicians who having eyes see not and ears hear not what nature is telling them.

When wisdom can redeem suffering humanity, what punishment is great enough for the sin of ignorance in those whose ignorance but adds to the already too heavy burden of the innocent victims.

EDITORIALS.

As the result of exposure and overwork the editor of the MEDICAL ADVANCE has been confined to his bed for the past three weeks, but present indications are that he will soon be able to take his place at the desk and comply with the many requirements of the journal; and at this point it might be well to state that the clouds which have been hanging over the ADVANCE have at last been dispelled, and it is now safe to say that the journal will continue under the present management, with more efficient co-operation than at any time in its past history.

* * *

Upon the question of vaccination, the arbitrary demands of local and state boards of health have been defeated in every court of justice where a decision has been rendered. Elsewhere in this journal will be found a copy of the decision of Judge Gaynor, of the supreme court of the state of New York in regard to two men who were quarantined in their stables in Brooklyn because they refused to submit to vaccination.

The authorities of Chicago have issued the same arbitrary demands, and have presumed to fine or imprison all who fail to comply with their requirements within a specified time. Meetings are being held in various parts of the city instructing the public in reference to the inefficacy of the prescribed form of vaccination, and also showing them their rights from a legal standpoint.

Experience is an expensive teacher, but if something has been gained by this general smallpox scare, the public may feel that the discussion arising from the prevalence of the dis-

ease will result in great advancement, both in the prevention of the disease and the care given those who are victims of the same.

* * *

The reconsideration by the executive committee of the date of the opening of the International Hahnemannian Association, from June 19 to June 26, seems to be a very wise act on their part, and will undoubtedly bring to the meeting at Niagara Falls many who would have been compelled by circumstances to attend the meeting of the American Institute at Denver in place of the meeting at Niagara Falls. By this new arrangement of dates many can so arrange their trip as to take in both meetings without any breaks in their vacation

It is hoped that both of these meetings will be largely attended; and the local management at Denver are certainly doing everything in their power to make this semi-centennial meeting of the American Institute of Homœopathy one of the grandest meetings in its history.

* * *

Mr. Hills, a former resident of Chicago, and more recently from Kansas City, is now manager of "The Windsor," one of the best hotels, conducted on the American plan, in the city of Denver. He has promised friends in Chicago to give them and their friends special attention during the meeting of the Institute. It will be to your interest to wait until after the special INSTITUTE TRAIN leaves Kansas City before making definite arrangements.

* * *

A MATTER OF GRATITUDE.—The route announced by the official committee of the American Institute of Homœopathy, namely, the Chicago & Alton and Union Pacific from Chicago and St. Louis, is the one that should by all means be patronized by those who intend to visit Denver during the sessions of the Institute. For months the chairman of this committee worked in vain with the various traffic associations, and in every case met with discouragement or refusal, until the Chicago & Alton and Union Pacific declared their intention of making a one-fare rate for the round trip, when of course, all

the competing lines rushed into print with corresponding offers. The members of the Institute owe a plain debt of gratitute to these friendly lines, which came to our aid in a time of need, and which deserves the united support of all who recognize the demands of fair play. The route chosen is famous for its scenic beauties and is justly celebrated for its substantial and comfortable equipment.

* * *

There is an under current of faith in the discarded principles of pure Homœopathy present at almost all of our state and local meetings which needs nothing but the strong, positive direction of those who know the truth to encourage them in their groping after a surer and better way for healing the sick than they have before known. And no better opportunity can be offered faithful adherents to the principles of Homœopathy than the floor of the state and national meetings. Faithful and thoughtful preparation should be made upon the subjects open for discussion, to carry conviction even to those who would not believe.

It would surprise almost every one who has not witnessed the fact, to see how many are eager and anxious to know of this better way, and would be glad to learn how to apply these principles in their every day work. It is not a matter of prejudice, it is not a feeling of indifference, but it is an unwillingness to surrender that which they now have until they may know how to obtain something better. It behooves every one of us to be extremely guarded in every statement, so that it may be scientific, logical and capable of positive demonstration. Such preparation makes a man stronger, and every expression given to such positive conviction adds largely to his own adherence to the principles governing his actions.

* * *

Under the title of "Vaccination and the Law," *The Record* for May 12 says:

"Our boards of health are sometimes compelled to act autocratically and to strain the law a little in order to protect the public. We have feared that they would get into trouble some day, and in Brooklyn this expectation was recently realized. Two expressmen who refused to be vaccinated were quarantined in their

stables. Their counsel obtained a writ of habeas corpus, and challenged the right of the authorities to keep them in quarantine.

They were brought before Judge Gaynor, who said that he did not see the shadow of right in the action of the Health Commissioner in imprisoning the men. 'It is beyond anything I ever thought of,' he continued, 'that such an officer should have the power to impose perpetual imprisonment in this way. The discretion you claim is limitless, and on the same theory you might as easily sentence a man to death as to perpetual imprisonment. I am of the opinion that you have no such power.'

The position of the judge is undoubtedly right. The health boards have no power in this state to compel vaccination directly, and to punish by imprisonment those who will not be vaccinated. We doubt if a law compelling universal vaccination could be enacted at the present time."

Herein is found some sound doctrine. Vaccination, without regard to its virtues, or to its vices, is in part *a surgical operation*; and no responsible human being can be compelled against his will to submit to such a procedure.

THE VACCINE MANDATE CANNOT BE ENFORCED.

On the 18th of May, Justice Gaynor, of the supreme court of New York, handed down his decision, finding that Health Commissioner Emery had no power to quarantine Jonn H. Smith and Thomas Cummings in the stable on Franklin street, because they refused to submit to vaccination. The point was one of considerable interest. This is what his honor says in his opinion.

Notwithstanding the learned and able brief of the counsel to the commissioner of health I see no reason to change the opinion expressed in the argument. The petitioner had recourse to the writ of habeas corpus in a petition alleging that the commissioner of health of the city of Brooklyn was unlawfully restraining them of their liberty. It appears that the said commissioner had confined them in the building where they carried on their business by stationing at their door police officers who prevented them from coming out or any one else from going in. To justify his action the commissioner makes written return to the writ, but as the petitioners are expressmen, and therefore go about and carry goods and are, therefore, in his judgment "unusually exposed" to smallpox contagion, he ordered them to be vaccinated, and they refused to submit their bodies to vaccination he (to quote from his return) "therefore ordered a quarantine to be placed upon said premises, and that said persons be detained therein, as aforesaid, until they consented to be vaccinated." If the commissioner had the power

to imprison an individual for refusing to submit to vaccination I see no reason why he could not also imprison one for refusing to swallow some dose. But the legislature has conferred no such power upon him, if, indeed, it has the power to do the like. Chapter 661 of the laws of 1893 (section 24) empowers all health boards to require the isolation of all persons and things infected with or exposed to contagious or infectious disease. There is no claim that the petitioners are infected or have been actually exposed to infection. But even if they were subjects for isolation by reason of infection or exposure, thereto. they could only be detained while such, and not indefinitely until they yielded their bodies to vaccination. The same act directs health boards to provide vaccine virus, "and at all time provide thorough and safe vaccination for all persons in need of the same." This falls far short of authorizing the imprisonment of those who refuse to be vaccinated. Life, liberty property are inviolable except as effected by express law, and due process of law. Arbitrary power is abhorrent to our system of government. If the legislature desired to make vaccination compulsory, it would have so enacted. Whether it be within its power to do so, and if so by what means it may enforce such an enactment, are not for discussion here. If, however, it should be made by the legislature a criminal offense to refuse to be vaccinated, it may well be suggested that one accused under such a law would have to be tried like all other offenders in a competent court and after that due process of law which is guaranteed to every one by the constitution. My attention is also called to section 5 of title 12 of the charter of Brooklyn, which is that in the presence of great and imminent peril of the public health it shall be the duty of the commissioner of health "to take such measures and do and cause to be done such acts; and make such expenditures beyond those duly estimated for and provided, for the preservation of the public health from such impending pestilence, as he may, in good faith declare the public safety and health demand and the mayor of said city and the president of the medical society of Kings county, shall also in writing approve." This does not mean that the commissioners may take unlawful measures or do unlawful acts. It must be interpreted in the light of the constitution and settled by legal principles and safeguards. It does not confer on the commissioner the right to imprison any more than to take life. I need not discuss here the right to isolate or quarantine in time of pestilence. That right grows out of the overwhelming necessity of the case and has its limitations. It is not being exercised here, for the petitioners are not being held in isolation as subjects of danger to the community, to be released when their bodies are no longer sources of infection, but they are being forcibly confined, because they refuse to submit to vaccination and until they do submit thereto. The petitioners are discharged.

ADDRESS OF DR. WM. P. CUTLER,*

PRESIDENT OF MISSOURI INSTITUTE OF HOMŒOPATHY.

To the Members and Visitors of the Missouri Institute of Homeopathy.

At the last session of this organization my distinguished predecessor saw fit to make a departure in his annual address from the customary review of the progress made in medical science for the year preceding and presented some facts concerning good locations in Missouri for the Homœpath. I only regret that this address was not ordered printed and sent to every Homœpathic College in our land, so important do I consider the information therein contained.

Following this good example I have ventured to make a departure and desire to present certain matter concerning State Medical Societies in general and what I conceive to be the duty of the Missouri Institute in particular.

No organization that I have ever been a member of has been the help to me intellectually and professionally as has this one, and I have observed that those physicians who seem the most thought of at home and who stand most prominent before professional people are those who come out of their work-a-day shells at home and regularly attend some State Society.

Many there are who attend a few years and then drop out. I do not understand why this should be so, except that having been active and others each year coming forward to aid, having allowed themselves to be succeeded and so lose interest in the good work. In looking over the rolls of this Institute I find just the condition which I have cited above. This should not be. Those who were the fathers of this Society and who were instrumental in bringing it to it's present efficient and honorable position, and which has a reputation from one end of this Continent to the other as one of the best, should continue their care and protection by regular attendance to the end that the Missouri Institute of Homeopathy and through it Hahnemanian principles in this State shall go forward in the good work of education, better fitting it's members to cure disease and expound by precept and example the laws which we know to be grounded in Nature irrevocably sure and scientific.

*At the eighteenth annual session, St. Louis, Mo., April 17-19, 1894.

A law whose application we know can only be acquired by intelligent people who closely apply themselves and who are conscientious, honorable physicians. No quack can practice Homeopathy successfully; and we know that such practitioners are not found in our school. The bent of mind necessary to acquire a proper knowledge and understanding of the Homeopathic law totally unfits one to practice dishonorable methods. Quacks however are found in that school which uses our remedies occasionally homeopathically and then turn and shame-facedly declare that all who practice in accordance with the law of Similia are charletans.

I believe it is the duty of the Missouri Institute of Homeopathy for the sake of humanity if for no other reason to show up in a public way the great disparity between an out of date system founded by man and one God given founded by the Almighty himself.

We are now, according to the report of the American Institute of Homeopathy in it's transactions for 1893, the fifth in number of members of all the Homeopathic State Societies, in the United States. The Homeopathic Medical Society, of New York, is first with a membership of 415 and holding semi-annual meetings. Second in size is the Illinois Society with 410 members meeting annually. Third in membership is the Pennsylvania Society. They have 349 and meet semi-annually. Next comes the Massachusetts Homeopathic Medical Society with 305 members with semi-annual meetings.

It will be observed that the largest Eastern Societies (Homeopathic) meet twice a year while we meet but once. There may be food for thought in this.

We are reported as having 260 members, making this Inititute fifth in size. We perhaps have reason to be proud of this as showing that we at least exist as a Society, but it does not show the whole truth. I am informed by our treasurer that but 97 members, including those just admitted, paid the small annual due of $2.00 at the last session. This amount serves to pay the expense of a session but it leaves many members in arrears. I presume this is the experience of all other Societies, but it is not as it should be. If every member enrolled felt it his or her duty to pay each year the $2.00 dues we would have at all times a fund of not less than $300.00 accumulating each

year after the expenses of each session had been paid. You might well say what would be the use of this fund. In reply, I would say that on the occasion of certain legislation being proposed which is inimical to Homeopathy in this State, money would be forthcoming to send some one to Jefferson City to see to it that Homeopathy was not behind hand in demanding her rights, and no individual physician would feel burdened by contributing. Again with this fund on hand many matters would come up to further the cause among our citizens that are but thought of now.

It is an honor to be recognized as a member of the Missouri Institute of Homeopathy second to none other. That much is thought of the sessions of our Institute by others out side of this State, that I had best to call your attention to the number of distinguished visiting physicians present. In the matter of our membership I have to suggest that it would be an advantage to this organization to appoint a Committee to draw up some resolution or amendment to the effect that any member who has not paid his or her dues after the expiration of a certain length of time be dropped from the rolls and be so notified by the Secretary.

I am now led at this point to refer to the number of State Institutions under medical care or having to do with medical science, none of whom are represented homeopathically save the State Board of Health, which after some correspondence and persistence on the part of a few Homeopaths, was accorded a Homeopathic member who had been recommended by this Institute. In this we have cause for congratulation, for as the Board was first made up, it had the name of no Homeopath as a member, and it seems the result should teach us a lesson.

I have referred to the fact that persistence accomplished what we desired and what was our right in this matter. Would not persistence accomplish much in securing control of at least one of our State Institutions? At Columbia we have the State University where medicine is taught among other things. In two other State Universities a chair of Homeopathy is maintained at the expense of the State.

Why should this body representing so large a number of tax-paying citizens not ask of the proper authorities that Homeopathy be represented in the curriculum of that institution as well

as an antiquated system of medicine. Missouri is progressive in all else pertaining to education, why not in this?

There are also three Lunatic Asylums and one School for the Blind under State control and under medical management, also the antiquated system. The Board of one Asylum which is known as No. 1. and located at Fulton, with an average number of patients of 529, is composed of two physicians whose terms expire February 1st, 1895, and three laymen who have terms until February 1st, 1897. There is a medical superintendent with three assistants, all physicians.

Asylum No. 2 is located at St. Joseph, with 649 patients, and four medical gentlemen on the staff. This Board is also made up of two physicians, terms expiring February 1st, 1895, and three laymen who retire February 1st, 1896.

Located at Nevada is No. 3 with two medical and three lay members constituting the Board, the former retiring February 1st, 1895, and the latter February 1st, 1897. This asylum has 414 inmates and a medical staff of three. In addition to these there is the Missouri School for the Blind, located at St. Louis. This has a Board of two medical and three lay members with terms expiring at the same time as do those at Asylum No. 3. The superintendent is a physician without medical assistance.

Now it seems to me that we as Homeopaths are largely to blame for not having ere this made a demand on the Executive of this State that he appoint out of the three asylums one Board at least favorable to the Homeopathic treatment. This would give us then a Homeopathic Superintendent and assistants. As to results in cures of the insane we can but point with pride to the record of the Middletown Asylum, and Ward Island Hospital in New York, and all other places where the Homeopathic treatment is in use. This desirable end can be accomplished as elsewhere. If this Institute, and I believe it should, would appoint an aggressive committee of three, and I think if you will permit the suggestion, the present efficient Homeopathic member of the State Board of Health should be one with power to act, place at their disposal sufficient funds to pay their traveling expenses, postage, etc., and expect of them untiring industry, laying facts before the proper people, visiting the legislature, if necessary, I am satisfied that the

time would not be far distant when Homeopathy would be introduced in the State University and also in a State Asylum.

The time to act is now. As will have been observed the terms of all medical members of the several Asylum Boards expire February 1st, 1895, and the term of the lay members of the Asylum at St. Joseph expire February 1st, 1896. If a re-appointment is made in each case at the expiration of their several terms without active work on our part, four years will have to elapse before we can again command attention. The future of Homeopathic progress in this State is in our hands, and it is not alone for the sake of Homeopathy that we should act, but that the citizenship of this State should be given an opportunity to know just what the law of Similia can accomplish, and that some of these darkened intellects should have the benefit of Nature's law of cure to admit light to their diseased minds. In furtherance of this cause the General Secretary or Treasurer of this Institute should be instructed to open corrospondence with all former members of this body, laying this matter before them and urging them to come back into the fold and add their dues and influence to that of others for the glory of Homeopathy and the benefit of Humanity.

My distinguished predecessor took occasion a year ago to call your attention to the fund for the construction of a monument to the immortal Hahnemann. I believe nothing official was done at that time, although the committee on President's address recommended that something should be done. Let me suggest now that a committee should be appointed to solicit funds in this State for that purpose, and if this is not done, then a given amount after the expenses of this session are paid should be ordered appropiated and forwarded to the proper committee.

I congratulate you upon the beautiful and intellectual programme which has been prepared, after much labor, by our efficient general Secretary. It indicates progress in our State work and is a step in advance of old methods. I trust this session will be one to be remembered in the cordial good will felt among those present and that nothing intemperate will occur to mar the harmony of the meeting. (Applause)

IN THE MATTER OF VARIOLIN.

CHAS. B. GILBERT, M. D., WASHINGTON, D. C.

Granting that Variolin will protect against variola, (Advance XXX1–215) where can we get *pure* variolin? We cannot get it from the cow or any other animal, except man; but man inherits gonorrhoea and syphilis in their different forms of manifestation; how shall we know that the source of our variolin is not polluted with those viruses?

If we can get variolin from a source where there has been neither gonorrhoea or syphilis for two generations on either side I shall then be satisfied. There are two preparations in my draw—Jenichen's^{3c} and Swain's^{cmm}—but I do not know the source.

I do not like to vaccinate because I do not know whether the virus is pure.

If I ever have a case of variola I shall draw the contents of a viscule potentize(?) it to the 6th and give it back to the patient; the plan works in chicken-pox, it will do so in variola and will also carry out the advice of the immortal Hering: give to every patient of his own psorium.

There is variola now in several cities; try it.

PERSONAL.

Mr. E. H. Wells of Utica, New York, offers for sale the private library of the late Dr. Lucien B. Wells. Write him for particulars.

Dr. Herbert M. Dayfoot, of Rochester, New York, died at noon Sunday, April 2, at the Hahnemann, Hospital in Philadelphia. Dr. Dayfoot had practiced in Rochester since 1882 and had won an eminent position in his profession. His death will be deeply mourned in the community where he enjoyed the esteem of a large host of friends.

Dr. C. Louis Olds, Dr. Mary A. Johnson and Dr. Rosalie Stanhowitch recieved the Degree of H. M. at the Phila-Post Graduate School, May 4th.

Dr. C. Louis Olds has accepted the Position of Lecturer on Clinical Medicines in the Phila-Post Graduate School of Homœopathics, and has located in Philadelphia.

D. Duncan, M. D., has removed his office to Central Music Hall, Corner State and Randolph Streets, Chicago, Suite 17-18 Hours: 1 to 4 p. m. Telephone Main 2642.

OBITUARY.

DR. LUCIAN B. WELLS.

The Homœopathic Medical Society of the county of Oneida desires to place upon record and to communicate to his family its estimate of the life, character and labors in their community of it's late associate, Dr. Lucian B. Wells.

In the death of Dr. Wells, this society has lost one of its most earnest and devoted members, and the school of medicine to which he adhered, one of its most zealous advocates and defenders; and in common with the other associations to which he belonged, with the church of which for forty years he was a consistent member, and the community in which he had so long lived and labored, deeply deplores his death.

Decided in his convictions, he was courteous and honorable in all his professional relations and highly esteemed by all who knew him. Unostentatious and unambitious he was conscientiously devoted to his profession and faithful in all the varied relations of life.

We shall miss the familiar presence of one who had long passed the period allotted by the Psalmist as the usual duration of human life, and whose genial and kindly bearing had endeared him to every member of the profession.

Resolved, That we tender to the family of Dr. Wells our most heartfelt sympathy, and that a copy of the minutes be transmitted to them and entered upon the records of the Society.

Resolved, That this Society will attend his funeral in a body.

DR. HERBERT A. DAYFOOT.

The following resolutions of respect were adopted by the Monroe County Homœopathic Society:

WHEREAS, We as a Society, have met with a great bereav

ment in the death of our honored colleague, Dr. Herbert M. Dayfoot, and fully realizing that in his demise we have lost a warm and faithful friend, a valued associate, a wise counselor and an accomplished member of the profession.

Resolved, That the Homœopathic Medical Society of the county of Monroe place upon record the tribute of its appreciation of his sterling worth, his genial spirit, uniform courtesy, and his medical attainments.

Resolved, That we express our heartfelt sorrow in his unexpected death, which comes not only as a loss to this society but to this community in which he lived and practiced.

Resolved, That we tender his afflicted family an expression of our profound sympathy in their great sorrow.

Resolved, That a copy of these resolutions be sent to the bereaved family, to the daily press, to the medical journals, and that they be spread upon the minutes of this Society.

Thomas O. Spencer,
Edwin H. Wolcott,
W. S. Rambo,
T. C. White,
P. W. Neefus,
Committee.

SOCIETIES.

OHIO HOMŒOPATHIC MEDICAL SOCIETY.

The thirtieth annual session of the Homœopathic Medical Society of Ohio was held at Toledo beginning with Tuesday, May 8th, and continued two days. The meetings were called to order promptly by the president and with a few exceptions the sessions were about as formerly, neither better nor if at all worse.

After the noonday recess, Dr Goodwin, of Toledo, delivered the Address of Welcome, which was responded to by Dr. C. E. Walton, who referred to the annual meetings of the state society as clearing houses which facilitate the exchange of medical ideas they tend to put value to our work. The man who never writes a check may have plenty of cash, but it takes a long while for him to establish himself in any thing in any community; his commercial value is never high. Hence we say to the men and women who live in the state to pass in their checks annually or stay at home and die and cheat the undertaker.

Dr. Laura Brickley, chairman, called the bureau of Paediatrics and introduced Dr. Frank Kraft as the first essayist who read a paper on Grand-motherly Interference. In this paper Dr. Kraft spoke for some moments of the male grand-mothers who tend to make the world uninhabitable by their meddlesomeness; then he detailed two cases of female grandmothers who had interfered with his work in the obstetric room, opposing him at every point from the washing of the baby the first time to the weaning.

Dr. Beckwith followed with "How to Improve the Children of the Future." In this paper the Doctor briefly reviewed the current ideas concerning the value of proper ante-natal influences, pointing wherein he approved and again where he thought the theorists were too strong. He said I firmly believe that one great reason why men of great literary attainments have children so far inferior to themselves is because the wives of these men have not kept pace with them intellectually. The life of a society woman cannot develop her higher nature; it simply dwarfs it. Hence she gives birth to children who inherit no

motive power that tends to stimulate their brains into development. Future mothers should realize this fact that upon the improvement of their higher faculties rests the future mental conditions of their children.

Dr. T. M. Stewart's paper on "Snuffles" was debated at some length. Dr. Ames stated that he had found nux vomica the 3d almost a specific in snuffles.

Dr. N. E. Wright advocated the use of sambucus nigra.

Dr. Quay, chairman of the Bureau of Rhinology, then presented his own paper on Adenoid Vegetations after which the bureau was closed and the first day's session was adjourned.

In the evening a very pleasant reception was given to the visiting members of the state society and their ladies at the residence of Dr. Emma L. Boice on Monroe and 23d streets.

The house was thronged with guests who partook of refreshments while listening to music and afterwards indulged in the mild dissipation of lemonade, cards and some little dancing Dr. Boice was ably assisted by Mrs. Dr. Watts, Dr. Dennison and Dr. Clark and other ladies, wives of resident physicians. Dr. Goodwin added a charm to the evening's entertainment by bringing several of his finest microscopes and slides, with which he managed to corral a great number of the attending physicians during the evening. During the afternoon, just following the adjournment, Dr Watts had taken the membership to the new Toledo hospital and exhibited the handsome apartments assigned to the homœopathic school both for operative purposes and treatment of disease.

On reassembling, Dr. Reed was given the floor for the purpose of explaining his labors in behalf of the legislative committee for the Society at Columbus during the past winter.

After considerable discussion in which many of the members joined, Dr. C. E. Walton proposed the following resolution: That the Homœopathic Medical Society of Ohio convened in annual session in Toledo, May 8th and 9th, favors the passage of the Musgrove bill as formulated by the convention of delegates held at Columbus, December 21st, 1893.

This was supported by Dr. Baxter. This original draft which was however never submitted but was changed by interested parties and appeared in the senate as a substitute measure for an equally bad bill. This original draft provided

that no school should have a majority on the board; it gave it power to revise diplomas, charging therefor $5; it had no examination feature.

Dr. Morrell was opposed to all legislation. Let the people say what they want and not the doctors.

The Walton motion is put to vote and declared carried.

Dr. Beckwith tenders a resolution containing a vote of thanks to Dr. Reed for his services and interest at Columbus.

The Treasurer submitted his report which showed that the total receipts from all sources was, $487.20; expenditures, $443.96; leaving a balance on hand, $34.24. There are now 203 members in good standing.

Dr. H. F. Biggar then took charge of the bureau of Gynecology and called on Dr. Beebe to present his paper on "The Automatic Nervous Ganglia of the Female Pelvic Organs."

Dr. J. C. Wood said that it was a good paper for the general practicioner. Some of the statements he did not believe were final; it is almost too scientific to be discussed intelligently with out more careful study and consideration.

Dr. G. C. Sanders believed that in these ganglia in the uterine walls are reservoired the parturient forces.

Dr. Biggar speaks of the rhythm of the organs. The author from whom he quoted likens the menstrual epoch to a menstraul clock which was wound up for 33 years and struck once a month. Every woman has a rhythm. We should investigate the nervous system its anatomy, as well as the pathology of the female pelvic organs.

Dr. Walton relates a case of a patient who died from the effects of shock produced by the inserting of a trocar. The paper of Dr. Beebe tends to explain that shock—that is that the trocar struck a pelvic medullary and death ensued as quickly as if it had been thrust into the brain tissue.

Dr. Clarke, of Toledo, read the paper of Dr. Julia C. Jump who was not present. It was decided inasmuch as Dr. Clark was present and willing to read the paper that therefore Dr. Jump was present by agent and the paper could be read. And it was. It's title was "Some indications of uterine displacement and Diseases with hints for non-surgical Treatment."

Dr. Walton followed with an interesting paper on "Infantile Sarcoma of the Uterus" somewhat as follows: baby of ten months or age; healthy parents, fell from it's crib in the absence of mother. No immediate consequences; presently vaginal hem-

orrhage every day. Physicians found supra-pubic enlargement and rapidly advancing anaemia. Dr Walton's examination revealed an immovable tumor the size of a goose egg occupying all the position of the uterus. Indigitation started a dark-red inoffensive blood. Mother was filled with remorse for the apparent neglect of the child. The future comfort of the mother depended upon the substantiated diagnosis. If the tumor were an haematocele due to the fall and should the baby die never could the mother be able to dissociate her carelessness from the baby's death and be a life-long regret to her. Ten days afterward we operated and found the uterus twice the size of an adult firmly anchored in the pelvic cavity by the infiltration of tubes and ligaments. Interior of uterus was found to be occupied by a sarcoma large masses of which were easily broken down by the finger and removed from the vagina. 36 hours later baby died. Case is interesting because of the unusual occurence of a malignant disease of the uterus in a baby less than a year old. Dr. Walton operated on a case so apparently hopeless for three reasons: first, to clear up any possible doubt as to the hopelessness of the case; the modern progressive surgeon is not infallible. Second, to demonstrate to an overwrought mother her entire freedom from culpability. Third an ante-mortem examination is sometimes more easily obtained than a post-mortem.

Dr. Biggar presented his paper on "A Case Blind Gynecology" which in an exhaustive way took up and discussed the more salient features of ectopic gestation.

Dr. J. C. Sanders said that the graafian folicle is the theatre in which the drama of impregnation takes place.

Dr. Parmalee relates the case of a woman of 28, the mother of three children, began menstruating at 14 and continued until June of last year. After that saw nothing but began to have pain and a lump in her right side. On the 27th of September last she showed what she supposed was a menstrual blood lasting a day and a half, containing clots which are very unusual with her and more pain in the right side. At that time, supposing there was a fallopian tubal pregnancy, electricity was used for 12 or 14 sittings without being able to kill the foetus or stop it's growth. She gradually grew larger and continued to have pain but no signs of any further menstrual blood or anything else until the 15th of March of the present year, precisely nine months from the date of the last menstruation when she was so much run down, so much exhausted, that something was determined upon being done. On opening the abdomen both tubes were found to be normal, but upon the right side there was a tumor projecting enclosing within it's muscular wall evidently a part of the uterine wall. We knew there was nothing inside of the uterus because the sound had been used, and

then it flashed upon us that this was not a case of tubal but of interstitial preganancy; so rapidly dilating the mouth of the womb to admit my hand into the cavity, upon the right side of the womb could plainly be felt an opening or rather a membrane or something lodged in the entire opening. The fingers couldn't get through that separation, it appeared to be about half as thick as my fingers, and on taking a large plain sound and passing it up along my fingers and using a good deal of force I was then able to break through and to extract a child and placenta. I didn't cut off the uterus; I did nothing more at that time only to take away the tubes and ovaries so that woman should never be pregnant again. On the ninth day this woman began to have a gangrenous discharge from the uterus. That was immediately washed out. On the next day that discharge was worse. So the discharge went up and went down until in time the woman made an uninterrupted recovery.

Dr. Parmalee also stated that a careful examination failed to disclose any connection between the fallopian tube and the interstitital pregancy.

Dr. Means now called the bureau of Obstetrics and introduced Dr. C. A. Pauly who presented his views on "When are we justified in Producing Abortion?" which was a fine paper and well listened to

At this point it was agreed to take up the election of officers and the place of the next meeting.

Dr. Baxter moved that the next session of this Society be held in Cleveland, accenting his motion with the statement that there no longer existed any feud between the Cleveland doctors; that all that had been done away with, and that the impression which was abroad that the doctors were engaged in slapping each other faces was erroneous.

Dr. Beckwith in seconding the resolution supported the state- of Dr. Baxter and added that now and henceforth the Cleveland doctors would again be brethren; and that if the society would come to Cleveland next year they would be received with open arms and made truly welcome.

Cleveland was thereupon selected for the next annual meeting place.

The election of officers resulted at follows: Dr. R. B. House, Springfield, president; Dr. W. W. Watts, Toledo, first vice-president; Dr. W. C. Hastings, Van Wert, second vice-president; Dr. T. T. Church, Salem, treasurer; Dr. T. M. Stewart, Cincinnati, secretary; Dr. Frank Kraft, Cleveland, assistant secretary; Dr. D. H. Beckwith, Cleveland, necrologist.

The Board of Censors is as follows: Dr. H. H. Baxter, chairman; Dr. Martha A. Canfield, Dr. E. E. Walton, Dr. A.

B. Whitehead, Dr. Laura C. Brickley, Dr. Hart, Dr. J. P. Hershberger.

On motion of Dr. Walton it was resolved that the next annual session shall be devoted to materia medica subjects in every bureau; that is to say, materia medica as applied to surgery and gynecology, etc. More materia medica and less cutting.

This motion caused considerable discussion, simple as it seems, but mainly through misunderstanding. Dr. Thompson spoke for the country doctor who came up to these meetings to learn something of value to himself and his patients and who had but little if any use for the brilliant operations. Dr. Claypool believed that we are too proud of our mechanical work, and he thought it was time to stop and see if there is not something yet in materia medica that is of value even to the specialist. Dr. J. C. Sanders wished the matter to take the form of a suggestion not as a mandate to the chairman.

Dr. Sanders and Dr. Means took up the bureau of Obstetrics and gave some fine papers, the former on Navel Dressings, the latter on the Value of Preparatory Treatment in Parturition.

Dr. Gann, in the Bureau of Nervous Diseases introduced Dr. Canfield who had an instructive paper on Neurasthenia, and was followed by a paper by Dr. Boice with a paper on A Few Cases of Reflex Origin. The chairman's own paper at his request was read simply by title, as well as two or three others. This seemed to be necessitated owing to the lateness of the hour and the breaking up of the society.

The following are delegates to other societies: American Institute of Homœopathy, Drs. D. H. Buck and C. E. Walton; Indiana Institute of Homœopathy, Dr. R. B. House; Michigan Society, Dr. Albert Claypool; Missouri Institute of Homœopathy, Dr. A. L. Monroe; Kentucky Society, Dr. Thomas M. Stewart.

Dr. Gann moved a resolution of thanks to the Toledo physicians for their kindness and courtesy, to the local press for reports.

The Bureau of Materia Medica reported the presentation of a paper on Bacillinum by Dr. Henry Snow, of Cincinnati, which was read by title and referred to the publication committee.

The following chairmen of bureaux were then appointed: Materia Medica, Dr. H. H. Baxter; Clinical Medicine, Dr. T. T. Church; Paediatrics, Dr. W. C. Hasings; Anatomy, Physiology, etc., Dr. A. C. Roll; Laryngology and Rhinology, Dr. Strokes; Surgery, Dr. A. E. Scheble; Ophthalmology and Otology, Dr. Emma L. Boice; Nervous Diseases, Dr. J. A. Gann; Obstetrics, Dr. G. W. Rhonehouse; Gynecology, Dr. J. C. Wood. (Adjourned.)

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BARTLETT.

The Medical Advance

A Monthly Homoeopathic Magazine.

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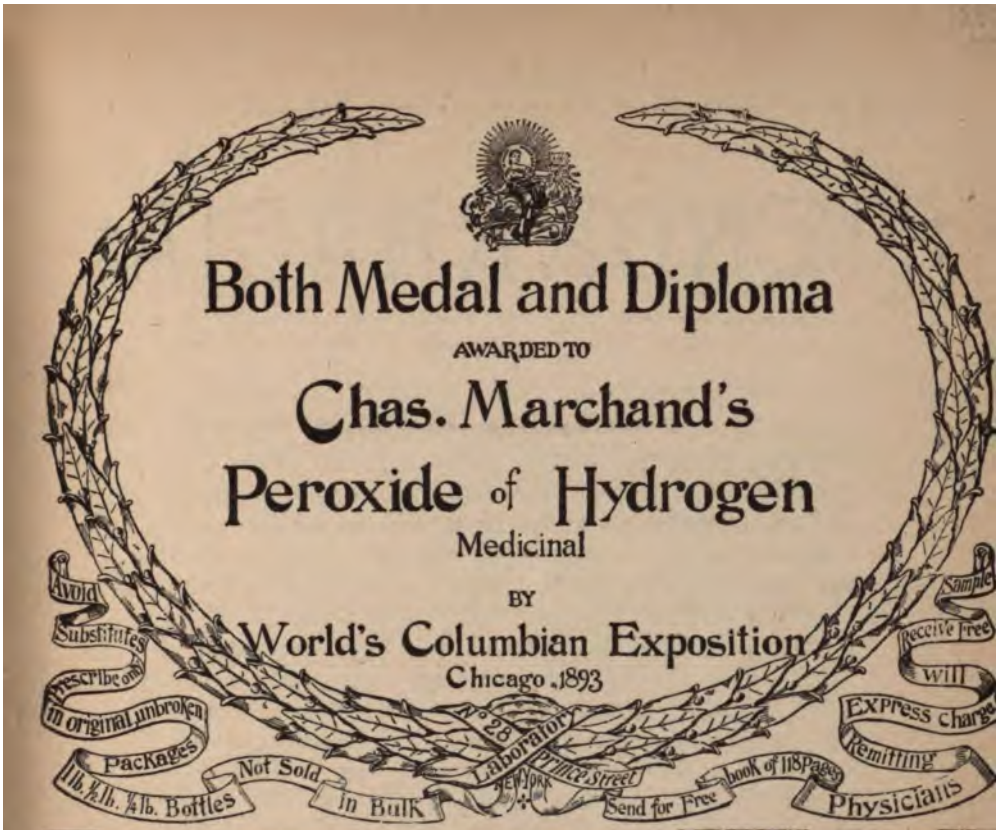

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MARYLAND HOMŒOPATHIC SOCIETY.

The Maryland Homœopathic Medical Society closed its annual meeting the evening of May 16. The order of business of the meeting of the Society, according to the program, called for the election of officers after all the reports of the officers, the committees and the sections had been made.

The following officers were elected: President, Dr. U. A. Sharretts, of Frederick; first vice-president, Dr. H. W. Webner; second vice-president, Dr. A. P. Stauffer, of Hagerstown; secretary, Dr. W. Dulaney Thomas; treasurer, Dr. N. V. Wright; librarian, Dr. Clarence Nichols; board of censors, Drs. M. Hammond, Bartus Trew and J. H. Sherman, of Manchester.

At the session of the Society during the day papers on various technical subjects were read by Drs. O. Edward Janney, C. W. Weaver, George T. Shower, Eldridge C. Price, Milton Hammond, Charles F. Goodell, Cora B. Brewster, J. S. Barnard, Charles Leslie Rumsey, Henry Chandlee, Flora A. Brewster, and Elias C. Price. At six o'clock the members of the Society visited the Homœopathic Hospital on North Mount street. They were met and received by Dr. J. Oliver Hendrix, the resident physician, and Miss M. Coonahan, the superintendent of nurses. After being shown through the building they were served with an excellent collation.

At night a meeting was held at the college in the interest of the Hahnemann statue, which is to be erected in Washington. The special committee from the Maryland Society consisting of Drs. Clarence Nichols, L. R. Palmer and Noah Jackson, reported progress in the work of soliciting subscriptions. Drs. Elias C. Price and Milton Hammond, members of the American Institute of Homœopathy, delivered addresses in honor of the Institute's fiftieth anniversary.

Before the final close of the annual meeting the following new members of the Society were elected: Drs. A. S. Atkinson, C. E. Downes, Mary H. Darrell, J. LeCompte Hooper, J. Arthur Clement, Donna A. Waldran and Jno. A. Shower, of Baltimore; Joseph S. Garrison, Easton; William R. Andrews, Rockville; William M. Panebaker, Manchester.

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There was abundant evidence that the water does occasionally descend on these arid tracts, but beyond a few tiny paroquets, alighting at our furthest well, which had evidently flown towards us from a great distance (they were so exhausted as to be unable to get out of our way, one of the poor creatures actually allowing me to gently bowl it over with my whip), sign of life, other than insect life, there was absolutely none. The specimen I secured was a singularly beautiful one. The length from the tip of the bill to the extremity of the tail was six and a quarter inches. The head was of a brilliant cobalt-blue, which blended into softer tints down the back; the wing covered by bright blue quill feathers, the breast emerald-green upon a ground work of orange-yellow, the belly feathers also yellow, and tail feathers flaming yellow, edged with emerald-green. Noticing that after slaking their thirst these tiny birds began to feed upon the spinifex seed, and as they are new to science, I propose to name them after that plant.—*Albert F. Calvert, M. E. in The English Illustrated Magazine.*

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Mrs. Youngwife—Katie, Mr. Youngwife says cook must boil the drinking water after this. Tell her to have some boiled for dinner to-day.

Katie—Yes ma'am.

Mrs. Youngwife—And, Katie, tell her not to scorch it.—Brooklyn Life.

A Pointer.

Visitor (in congress)—And it is impossible, I suppose, for these gentlemen to tell what results are attained through all their long speeches.

Washingtonian—Oh, yes; they will at the next elections.—Chicago Record.

She Didn't Go.

He (after a tiff)—Going home to your mother, eh?

She—Yes, I am.

He—Huh! What do you suppose she'll say to you?

She—She'll say: "I told you so." (He made up.)—N. Y. Weekly.

A Mitigating Circumstance.

Little Benny—Mamma, please let me hold the baby for a minute.

Mother—I am afraid, Benny, you might let her fall.

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Winks—Guess he never saw a group of them gazing at a picture of Corbett.—Good News.

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Bride—Why don't you walk a little faster? You are lagging behind.

Groom—I don't propose to rush into danger.—Alex Sweet, in Texas Siftings.

A Good Thing.

Customer—Are you sure this article will cure my rhematism?

Clerk—Oh, yes; all the doctors refuse to recommend it.—Truth.

Pleasant Prospect.

Old Maid (soliloquizing)—That is the seventh man who played me false! But let the man who gets me look out!—Hallo.

Impersonating an Officer.

Justice Stuffey—You charge this tramp with coming to your saloon and impersonating an officer, do you?

Grogan—Yis, sor; the blagard gave three raps on me soide dure, an' I passed him out a dhrink.—N. Y. World.

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232 CLARK STREET,
CHICAGO, ILL.

W. H. McDOEL, *General Manager.*
FRANK J. REED, *General Pass. Agent.*

A Strategist.

Scene: restaurant. Time: dinner hour. Characters: guest and waiter.

Guest—Waiter, here! Beefsteak, well-done!

Intermission of thirty minutes.

"How does your steak suit you, sir?"

"Superb! splendid! done just to a turn!"

"But you called for well-done, and this is rare!"

"Oh, I've been here before! I always call for what I don't want, and then I am sure of getting exactly what I do want."—Tammany Times.

Valid Reason.

University Professor—And now, my dear young friends, you are about to exchange the pen—the peaceable instrument of the muses—for the sword. Go, then, and fight with contempt of death, remembering what our evergreen poet says: "Sweet it is and honorable to die for one's fatherland!"

Student—Very good, Herr Professor; then why don't you come along with us?

Professor—I have been ordered by the doctor to abstain from sweets of every description.—Der Wanderer.

Was Compensation Enough.

Mrs. Tomkins—Mrs. Yabsley has had such an experience! Arrested for shoplifting! All a mistake, of course.

Mrs. Jenkins—I suppose she must have been very much annoyed!

Mrs. Tomkins—Not at all. The papers all said she was of "prepossessing appearance."—Tid-Bits.

A Good Reason for It.

Castleton—I met your doctor this morning and he said he hoped you were well.

Clubberly—Strange thing for a doctor to say, wasn't it?

Castleton—I don't know. He said your last illness cost him fifty dollars.—Judge.

"Why do they say that 'love is blind'?"

"Because if love weren't blind there'd be no more marriages."—Chicago Record.

Senatorial Courtesy.

"What is senatorial courtesy?" asked the young man who is not ashamed of his ignorance.

"Senatorial courtesy," replied the citizen who always believes the worst, "is what prevents a statesman from closing a deal before he has let his colleagues in on the ground floor."—Washington Star.

Easily Explained.

"I don't see how your uncle ever got well if you are telling the truth when you say that he had nine doctors at once."

"O, it is simple enough. He ups and gets well before they could agree on the proper course of treatment."—Indianapolis Journal.

Endangering Us All.

Mrs. Hussiff—Do you really believe that servants encourage burglars?

Mrs. Flathouse—Of course I do.

Mrs. Hussiff—But how?

Mrs. Flathouse—By taking up so much of the policemen's time.—N. Y. World

Those Terrible Bates.

Little Miss Mugg (noticing family Bible in friend's parlor)—Sister Ellen will not have our family Bible in the parlor any more. She says it isn't good form.

Little Miss Freckles—I didn't know your sister was so old as that.—Good News.

Wallie's Catch.

"It's always winter when snow comes," said Wallie, "and fall when rain comes."

"Poh!" said Jackie. "Rain comes in summer and spring too."

"Yes; but it's fall, just the same," said Wallie. "Rain-fall."—Harper's Young People.

Meant for a Compliment.

Wheeler—Why, Miss Snooper, how costumes and make-up alter people. I hardly knew you.

Miss Snooper—Do I look such a fright, then?

Wheeler—On the contrary; you look most charming.—Town Topics.

. . . MONTHLY STATEMENT . . .

Of the Account of M.....

100, $1.00 300, $2.25
200, 1.75 500, 3.00

Your name and address inserted between these two lines without extra cost.

JANUARY		JULY	
DEBIT	CREDIT	DEBIT	CREDIT
FEBRUARY		**AUGUST**	
DEBIT	CREDIT	DEBIT	CREDIT
MARCH		**SEPTEMBER**	
DEBIT	CREDIT	DEBIT	CREDIT
APRIL		**OCTOBER**	
DEBIT	CREDIT	DEBIT	CREDIT
MAY		**NOVEMBER**	
DEBIT	CREDIT	DEBIT	CREDIT
JUNE		**DECEMBER**	
DEBIT	CREDIT	DEBIT	CREDIT

Above please find a Monthly Statement of your account.

We render statements on or about the *first of each month*, for all bills *due and not due*, as per our Ledger.

This gives opportunity for correction of errors, and is not a demand for the payment of accounts *not* due.

COMMERCIAL ITEM.

"Going into the hands of a receiver."—Cycling.

A Masculine Mrs. Malaprop.

The other day Mr. M—— took his wife to a concert. When he got to the door he found he had left his tickets at home; so he sidled up to the door-tender and said: "Say, won't you let me in? I've transacted my pockets all through and I can't find my tickets." Speaking of a man he didn't like, he said: "I don't admire that man. He always holds himself aloft from me."—Demorest's Magazine.

A Fortunate Selection.

Mother—What are all these senseless trinkets for?

Pretty Daughter—They are for the grab-bag at the church fair.

"Mercy! There is not one thing that any human being could want."

"Yes, isn't it fortunate? Everybody who draws a prize will put it back in the bag."—N. Y. Weekly.

Her Age.

Jack—How old did you say Miss Smith was?

Tom—She told me she was twenty-three on her last birthday.

Jack—When was her last birthday, ten years ago?—Detroit Free Press.

Didn't Know Women.

City Editor—Have you got the report of that ladie's meeting?

Reporter—They voted to exclude reporters. The proceedings are to be kept secret.

C. E.—Yes, but why didn't you wait until the meeting was over and see one of the ladies and get all the particulars from her?—N. Y. Press.

An Inartistic Combination.

Mrs. Darley—I never see your husband out with you any more, Mrs. Gazzam.

Mrs. Gazzam—That is true. You see, Frank has been feeling dreadfully blue lately, and you know blue is a color which never did agree with me.—Judge.

Why He Complained.

Elder Sister—Come, Stanley, take your powder like a little man. You never hear me making any complaint about such a little thing as that.

Stanley (peevishly)—Neither would I if I could daub it on my face. It is swallerin' it that I object to.—Brooklyn Life.

Hard to Bear.

Miss Grotesque—Every time I hear of anyone getting married it makes me sad.

Miss Elderly—Why?

Miss Grotesque—Because there is one man less in the world.—Brooklyn Life.

His Diagnosis.

She—I have four new wrinkles on my face since I married you.

He—Too bad! I presume it comes from worrying over milliners' bills which I can't pay.—N. Y. Weekly.

A Sign of the Times.

Lawyer—Where is that sign: "Back in ten minutes?"

Boy—The man in the next office borrowed it. He said he wanted to go to the ball game.—Judge.

A Musical Criticism.

De doctor called my little nose
A "organ" diss forenoon;
But I can't say when it I blows
It plays a pretty tune.
—Harper's Young People.

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More Than Likely.

Tippie—What is a double entendre?

Sibyl—Oh, it's a word with a double meaning.

Tippie—Then, when you said "No" to Jack's proposal it was a double entendre, was it?—N. Y. World.

ALWAYS THE WAY.

I bought two dozen shoe strings once
To guard with anxious care
'Gainst coming wants, and now, great Scott!
I wonder where they are.
—Detroit Free Press.

They Do Their Part.

Mr. Deprecate — You women are dreadful creatures; you seem to talk nothing but scandal. Now, scandal is something we men never talk.

Mrs. Slydig—No. You simply furnish the material.—N. Y. World.

Parental Depravity.

"Girls," gently said their mother, "the neighbors will hear you quarreling. Always keep your rages a secret."

And the girls lifted up their voices and wept.—Chicago Tribune.

An Orient Origin.

Uncle Kipton—Why is this called yeast?

Robbie—I guess because it's where the sun rises. The sun doesn't ever rise in the west, you know.—Harper's Young People.

Truly Feminine.

Mrs. Jones—Mrs. Snoop died suddenly this morning while trying on a new dress.

Mrs. Green—Horrible! What was it trimmed with?—Hallo.

Fresh Air Fund.

"Sulleigh sets aside a certain sum of money each week for that dudish son of his."

"Sort of a fresh heir fund, so to speak."—Tammany Times.

Is Marriage a Failure?

Axton—Was your marriage the result of love at first sight?

Exton (sadly)—Yes; on my part. Had I been gifted with second sight I'd never have married.—Puck.

A Fair Guess.

Wife—Prof. Garner says the gorillas have only eight words.

Hubble—I guess there are no females among them.—Detroit Free Press.

Been There Before.

Groom—Why did you allow all the guests to kiss you at the wedding?

Bride—Force of habit, I suppose.—Tammany Times.

No Use Waiting.

First Boy—Come on.

Second Boy—Wait. They are raising that big safe to that upper window.

First Boy—Well, there ain't anybody under it. Come on.—Good News.

Meanwhile She Had Soured.

Bride of a Year (weeping)—You used to say I was sweet enough to eat.

Groom (of the same period)—Yes, I wish to heaven I had eaten you.—Life.

A Great Scheme.

Wright—My life has been a failure.

Garner—Then you had better get some rich girl appointed receiver.—Truth.

Talked Enough as It Was.

Ned (reading paper)—Here's a story about a girl who can't help talking in her sleep.

Tom—Cæsar! Don't leave that paper where my wife can get hold of it or she'll find how the girl contracted the habit.—Chicago Record.

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EXCELLENT ADVICE.

Waiter—What'll you have?

Rube Jayseed—Waal, I don't know which ter take, whether roast beef, veal or mutton.

Waiter—Take cornbeef hash and yer'll get ther whole lot.—Truth.

Courage.

A heroine she was, indeed,
For women could discover
That she was wearing into church
A last year's hat made over.
—Washington Star.

A Mean Husband.

Wife—I have just been to the dentist's and had a tooth drawn.

Husband—Lucky tooth! It is now beyond the reach of your tongue.—De Sobremesa.

Enough Needed to Go Round.

Teacher—Now, remember that in order to become a proficient vocalist you must have patience.

Miss Flipkins—Yes, and so must the neighbors.—Washington Star.

The Only Way.

Eva—I hear you won your breach-of-promise suit. Did you get the whole twenty thousand?

Della—Every cent. I married my lawyer.—N. Y. World.

Reckless.

Hills—Browne is a reckless fellow. He never gives a thought to his creditors.

Hulls—Nor a dollar.—Truth.

Mrs. Malaprop.

A delightful Mrs. Malaprop is reported as speaking of an invalid daughter as indelicate. Members of her family, she says, are in the habit of riding to Baltimore on communion tickets. Another lady referred one day to a spinal staircase, hearing which a bright girl remarked: "Perhaps she refers to the back stairs." Another lady refers occasionally to nashua of the stomach, and to her sufferings from neurology; and still another described the ▫visions which she saw while in a state of prance.—Demorest's Magazine.

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Stacey—Yes; he wore "Jiggins' Underwear," "Hedman's Hats," "Broganne's Shoes," rode only the "Uncle Sam Bicycle," used "Bear's Soap" and took "Hundred Doses for a Dollar" in every clime.—Puck.

More Work for Lawyers.

Dora—Edith married a very nice man, I hear.

Clara—He's nice enough, but it won't be long before there will be a divorce in that family. He is cross-eyed.

"What difference can that make?"

"She can never tell whether he is admiring her or some other woman."—N. Y. Weekly.

Why She Mourned.

"Why, Mrs. Gazely, what are you wearing mourning for? Weren't you only married two weeks ago?"

"Yes; but you know Mr. G.'s first wife has only been dead a year, and my husband expects me to show proper respect, you know."—Alex Sweet, in Texas Siftings.

A Cold Doth Make Us All Akin.

Mrs. Motter—Didn't Mrs. Smith say she'd never speak to you again, after you scolded her Johnny?

Mrs. Potter—Yes; but she heard I had a cold, so she couldn't throw off the temptation to run over and tell me her cure.—Truth.

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A Latter-Day Romance.

Miss Finn-De-Sickle (breathlessly)—Have I arrived in time?

Mr. Adorrer (suitor)—Eh? In time for what?

"I hear that you and Mr. Lovein are going to fight a duel."

"We are."

"And it's about me?"

"It is."

"It must not be."

"One or the other must die. We can't both marry you."

"No, but you can compromise."

"How?"

"Play poker till one or the other gets all the money, and then I will marry the winner."—N. Y. Weekly.

The Perversity of Girls.

Jamesby—Do you think she'll have you?

Nettles—Why, I'm sure of it. Her family are all bitterly opposed to me.—Chicago Record.

Rebellious.

Her Father—Do you think you would like to marry him, Penelope?

Penelope (doubtfully)—Yes; provided you and mamma don't want me to.—N. Y. Herald.

In Spite of It.

She—And so they are married! Was it a case of love at first sight?

He—I imagine not. The first time he saw her she was riding a bicycle.—Life.

The Law of Recompense.

The umpire has his troubles
As he engineers the ball,
But the life insurance agent
Doesn't bother him at all.

The Retort Clerical.

"Since you take me to task so roundly for my failings," said the physician, somewhat nettled, "let me ask why you don't restrain your own son. He gambles, drinks and plays the races."

"Ah, yes," said the clergyman, with a sigh. "We don't seem to exert much influence over our own families, do we? By the way, doctor, please convey my warmest sympathies to your wife and say to her I am sorry she is still unable to find any relief from her rheumatism."—Chicago Tribune.

Told in a Smoking Car.

Stranger (in train)—A man in your business can't get home very often, I presume?

Commercial—Home? I should say not. Why, sir, I get home so seldom that I can't remember half the time where I live. Have to telegraph to the firm to send me my address.

Stranger—You don't say so!

Commercial—That's straight. Why, one time I was away so long that I forgot I'd ever been married, and I took such a fancy to a pretty woman I met in a strange town that I eloped with her.

Stranger—My! my!

Commercial—Yes, it would have been a terrible thing, but when I called on the firm during my honeymoon and introduced her, the old man told me she was my wife before.—Agents' Herald.

A Slippery Subject.

He—Do you believe in curing by the laying on of hands?

She (a mother)—Yes, in the case of children.—Detroit Free Press.

A Feasible Idea.

Nodd—I wish I could cure my wife of dyspepsia.

Todd—Why don't you get a servant girl to do your cooking?—Truth.

He Knew Boys.

The boy had applied for a job.

"We don't like lazy boys around here," said the boss; "are you fond of work?"

"No, sir," responded the boy, looking the boss straight in the face.

"Oh, you're not, ain't you? Well, we want a boy that is."

"They ain't any," said the boy doggedly.

"Oh, yes, there are; we have had a half dozen of that kind here this morning to take the place we have."

"How do you know they are?" asked the boy.

"They told me so."

"So could I if I was like them; but I'm different; I ain't a liar," and the boy said it with such an air of convincing energy that he got the place.—Detroit Free Press

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A CASE OF INTUITION.

Mother—Mabel, stop pounding your little brother! What do you mean?

Mabel—Well, I told him we'd better play we was only engaged, but he wanted to play we was married.—Leslie's Weekly.

She Is Still Learning.

She went through several classic schools
And gained her tutors' approbation;
She's married now, and knows the woe
Of hiring girls who quickly go;
Whereat she murmurs with a smile:
"In this I'm getting all the while,
A course in hire education."
—Indianapolis Journal

Lessons on Shooting.

Young Freshlie—Yaas, I think of going onto a ranch for awhile, but I suppose, before I start, I ought to learn something about shooting, oughtn't I?

Cowboy—That's so. Spend a few weeks learning not to shoot off your mouth; then you'll be all right.—Good News.

Hard to Keep Clean.

Haverly—No man can take charge of the street-cleaning department without becoming corrupt.

Austen—Why so?

Haverly—Because, naturally, he is out for the dust.—N. Y. World.

Capital and Labor.

"Yes, sir," said a pompous New York manufacturer, "I consider myself a benefactor of the human race. I feed two hundred people in my factory."

"You do?" replied a bystander. "Goodness! And all the time I was under the impression that they fed you."—Alex Sweet, in Texas Siftings.

Job's Advantage.

Mr. Drywinter sat by the stove, with his face bandaged, groaning horribly, and his wife endeavored to console him.

"Have patience, Charles; murmuring and fretting will do no good. Remember Job; he had patience."

"Yes; but he never had his teeth extracted by the painless process."—Chicago Tribune.

Rough on the Cashier.

Mr. Manygirls—I have discovered that my cashier has robbed me of $20,000.

Friend—Have you notified the police?

Mr. Manygirls—Not yet. I'll give him one more chance to propose to my eldest daughter. If he doesn't do it then I shall have him locked up.—Texas Siftings.

Injustice.

Mr. Richfello—What a peachy complexion Miss Beauti has!

Rival Belle—You do her injustice, really, Mr. Richfello. Her face isn't so very fuzzy—except on her upper lip.—N. Y. Weekly.

A Bad Case.

Robinson—How did you find Mrs. Johnson?

Mrs. Robinson—Well, she says she can't complain.

Robinson—Can't, eh? I had no idea she was as low as that.—Puck.

Evident Improvement.

Aunt—Is your sister improving in her music?

Small Boy—I guesso. The people nex' door has decided not to move.—Good News.

A Paradox.

Lams—So you are wedded to your profession.

Plams—Yes, though it seems a paradox. I'm a divorce lawyer.—N. Y. World.

The Reward of Virtue.

Stokes—Our police don't seem very zealous in the pursuit of virtue.

Maltby—What can you expect? Everyone knows there is no reward.—N. Y. World.

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A DISPUTED PINT.

—Chicago Record.

A Curious Fact.

If 'twasn't for my grandpa's nose
He couldn't see a bit,
For it's the only place he has
On which his specs can sit.
—Harper's Young People.

Getting Down to Figures.

"How much is your fiance worth?" asked the matter-of-fact girl of her romantic friend.

"Oh," replied the latter, enthusiastically, "my Fred is worth millions on millions!"

"Of course, but I mean how much is he worth in cold cash?"

"Well, he has $14.75 in the bank."—Pittsburgh Chronicle.

It Came True.

A widower aged 84 had married a young woman of 19. A local paper commented as follows on the happy event: "A year ago when his wife died his relatives expected that he would go crazy over the sad bereavement. This prognostication has come true."—Hamburger Nachrichten.

This Glorious Country.

Watts—There is one good thing about this country. The demagogue can't last long, no matter how big a following he has for a time.

Potts—That's so. Some other demagogue who is a little wilder generally *comes along* and takes his followers *away*.—Indianapolis Journal.

He Was Rattled.

"Well, my dear," said a Houston (Tex.) man to the wife of his bosom, "shall I call for you, say at three o'clock this afternoon?"

"Call for me? Why, what for?" inquired his wife in an evident tone of surprise.

"To go to the milliner's after a hat."

"After a hat! Why, hubby, didn't we get a new hat for me only yesterday? What on earth are you talking about?"

"O, I forgot, surely. Why, yes, so we did. I see it now very plainly. It is only every other day you want a new hat."

By stepping out hastily and holding the door shut, he managed to escape merited punishment.—Alex Sweet, in Texas Siftings.

A Solution.

Prospect Parke—I wonder why it is that old men are so fond of giving good advice?

Fulton Ferris—Possibly because they are no longer able to furnish bad examples.—Brooklyn Life.

No Wonder It Is So Bad.

The poet felt the reverse of bright,
And muttered a deep, deep curse;
He had no idea, but he had to write,
And so he ground out this verse.
—Truth.

Willing to Change.

He—Do you know, I think you are a most singular girl?

She (coyly)—I assure you it isn't from choice.—N. Y. World.

A Public-Spirited Practitioner.

"Doctor, they tell me you are attending that young man next door free of charge."

"Yes, and glad to do it. He's been practicing on a snare drum for the last six months, and now I have a chance to put an end to the nuisance."—Life.

Useful in Making an Impression.

Mr. Shallo—What in thunder did you go and buy a couple of steamer trunks for? We're only going for a little trip to the mountains.

Mrs. Shallo—Well, won't the neighbors see them when the expressman takes them away?—Chicago Record.

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"I say, boss, gib me a chunk of meat for our dog."

"All right, black face and shiny eyes," said the butcher, good naturedly.

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Seem to reduce each other to
Naught but newspaper pulp.

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Station Agent—Yes, ma'am.

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Station Agent—Certainly.

The Nervous Woman—You are positive?

Station Agent—Yes, ma'am. How far did you wish to go?

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